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Original Articles.

SOME OBSTETRIC "DOS AND DON'TS."

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It may be of interest to some, who read descriptions in the journals, of the terrible effects of filth in city practices, and the extraordinary labor thrown on the city practitioner, to keep his patients from infection, from atmospheric and other bacilli, to read the country side of the question. Viewing the matter from my standpoint, I have no objection to any one differing, enjoying their own way in their own practice.

Some time since, I was reading the proceedings in an obstetric case showing how the city doctor did *his* cases. To my limited comprehension, the very far-fetched antiseptic program seemed to leave very little (after all was over) alive, except the doctor. Everything had been drenched in 1-4,000 bichloride. If I mistake not he *omitted* to drench the bowels of the child, and stop them at the anus with an iodoform tampon.

The country way may be by comparison "brutal" but "it gets there just the same."

I attend a call immediately, carefully question the woman whether she is sure as to time. If any doubt, 5 to 8 drops chloral hydrate and 1/8 to 1/4 grain morphine tells the story. In several cases I have had to come again at end of a month.

STEPS TO TAKE.

1. After patient has slept, if contractions continue, the conclusion is, time is up. Then make the first examination, a certain position, presentation, size of os and by extending the fingers the size of outlet; as also, by smelling the fingers, if there is any other odor than that of healthy exudate.

2. I do not order my patients' genitals "scrubbed with green soap" or soap of any other color, because nature is clean and has taken care of itself. I wash my hands in hot water and "Fairbanks gold dust washing powder," a clean, non-hydroscopic, pleasant smelling, powdered soap, a vial of which is always in my emergency bag. Then clean my finger nails with knife, and a small swab made of a piece of soft wood, a match or other kind. Have handy a cloth dampened with a solution of 10 drops of carbolic acid to ounce of water, to occasionally wipe your hands on.

3. If the pains become slack a capsule of quinine, 3 grains, ⅛ grain tartar emetic, or 4 grains acetanilid, tones them up, produces perspiration and relaxes the muscular system (except those controlled by the sympathetic nerves).

4. Never be in a hurry; consider time belongs to your patient, her interest and welfare; that you are to use every means known (and try to know them all) to give her comfort and help in this her hour of trial.

5. I believe nature will, in ninety-nine cases out of a hundred, do her work perfectly if time is allowed and every rational help given.

6. I never owned or used a pair of obstetric forceps. Right here let me quote from a recent writer, "I would as soon think of going to an obstetric case without my forceps as without my coat or hat." In my 25 years country practice, with nearly 500 cases, I thought once I would have to use them and dispatched a messenger after a neighboring doctor to bring them and himself. But the child was born twenty minutes after the messenger left the house. It was a very large child and small (primipara) mother. I placed her on a commode, asked her to double her body over and strain as at stool. In one or two attempts all was right and no torn perineum. Yet I know of one doctor, not ten miles from my home who practices in a community similar to my own, told me in ten years practice he "had used forceps thirteen times and performed craniotomy three times. I have had four cases of eight and ten pound children born, whose skulls were solidly grown together as at mature age, and no forceps or craniotomy practiced.

What does this point to? I believe "Hurry, Forceps, Heartlessness, & Co. (un)-limited," are a too well patronized firm, and cannot but view the forceps, in country practice, except in very, very rare cases, as an unmitigated curse. They encourage men to commit a crime against mother and child.

7. I don't use ergot in any form, at any stage of the labor, except after the placenta is out and the uterus shows a tendency to relax. If the after pains come on regularly I feel safe; if they are too prolonged, care should be taken to find the cause, either in neuralgia, a rheumatic diathesis or clot. Most often, twenty drops of laudanum dilute, per rectum will abate them. My impression is that ergot has a tendency to increase the after pains, which, by most women, are dreaded more than those of child birth. The common mistletoe fluid extract, or a strong tea made from the fresh plant acts on the longitudinal, rather than the lateral muscles of the uterus, the os and cervix being often free of any contraction, thereby facilitating expulsion. Also it can be used at any stage and up to the present, after twenty years use, I have never had any untoward effects—also it acts quickly without too much power.

8. I have never used bichloride of mercury, for the reason it spoils my instruments, makes my hands dry and hard, necessitating oil, and worse yet, the risk of poisoning my patient. With carbolic acid I have yet to see the first unpleasant effect.

9. I make as many vaginal examinations, by eye or finger, as I deem necessary, always as a gentleman and with every regard for the feelings of my patient.

10. I make no abdominal examinations, as with a very little exploring with one hand on the abdomen I can determine position, etc.

As to the "Crede" method, I consider it *simply brutal.* Not one woman in a hundred can stand even gentle pressure and kneading to expel the placenta, much less two hands with one or two hundred pounds pressure added. "Crede," I think, was a German, and like myself, gave his experiences as founded on practice among German women, but it won't do in north Louisiana.

I never do anything without a reason for it and a good one. I give chloral hydrate 8 or 10 drops twenty minutes before chloroform. Why? Because I have found out people differ very much as to susceptibility to effects of morphine. I assisted my neighbor, Dr. Ogbourne, recently in an amputation. He gave ¼ grain morphine to a strong man, hypodermically. I administered chloroform. After the dressing and waiting two or three hours, I left, but was summoned again in a few minutes. On arrival found the patient breathing eight or ten times a minute. The doctor informed me he had several times ceased breathing for a minute at a time, but 1-50 grain nitrate glycerine and 1-30 of strychnine had brought him around. I never saw a clearer case of morphine poisoning, or a closer call. The chloroform had nothing to do with it. The operation was performed at 8:30, and at 12 30 the man was breathing eight or ten times a minute, pulse seemed to be slow but good, say about forty.

I said, "*drops* of chloral." Just cover what chloral your vial contains with glycerine, it dissolves, giving a clear solution and one drop is about a ¾ of grain of the drug.

12. "I *pull on the cord*" all it will bear while gently kneading the womb. As soon as the placenta loosens I draw it tight, pass my finger along the cord, turn the edge to the front, seize it and with both hands remove.

13. Whether there is, or is not, hemorrhage I always put on a light compress and binder, and have the placenta removed from the uterus in from two to five minutes after cutting the cord, which last is done as soon as the child breathes regularly.

14. Let me warn my brethren, outside of towns and cities, not to tampon the vagina for hemorrhage. Better remove the cause. If the cause is in the womb bring on contraction by carrying into it a small wad of cotton soaked in turpentine or good strong vinegar, retaining the hand in the womb 'till contraction comes on. I have tried tampon once or twice, and have seen it tried by other doctors frequently, but it seems to me a failure in every instance.

15. Commence, with primipara, from the first to dilate the perineum. Insert one or two fingers and gently but firmly

press it backward with each pain. You will find it renders it more elastic and prevents laceration.

16. You know you have seldom a brother doctor nearer than ten to twenty miles, so learn to do everything needed yourself, from giving chloroform to decapitation, bearing in mind that you have in the members of the family willing, if not skilled, help. If you have a brother doctor near and can afford time send for him; particularly if he is a young doctor. And right here, be friends with your young doctor, help him. Perhaps he has just found out that the "dozen remedies for every disease" he thought he had at his fingers' ends, when he left college, has dwindled down to less than half a remedy for one disease. It will help him and will make you no poorer.

17. Unless you are *sure* you have a diseased vagina let the much bepraised "pre and post partu douche" religiously alone. I believe I have had among the negro population as much uncleanliness as any city doctor has had and I have used the douche but once. Then I was almost sure I had a case of gonorrheal infection of the vagina. The routine douche like many other fads "must go." Common sense ought to teach that the "Master" knew what he was about when he made woman to have children. If the doctor will see to it that *he* carries no filth into the vagina, he will rarely have cause to wash it out.

Keep the woman clean outside after delivery, cover the vulva with a clean cloth, dampened with a ten drop-to-ounce solution of carbolic acid, or dusted with a powdered boric acid and acetanilid, equal parts by bulk. This answers a double purpose of healing any abrasions and preventing infection. A recent writer commenting on the germicidal qualities of *good soap and clean water*, said "they were equal to a 1-2000 solution of bichloride of mercury." I believe he is right. The fad of ultra ascepticism with dangerous drugs is dying out. I am glad it was Mr. Tait, also an Englishman, who "struck it a straight out from the shoulder blow" when he said, "good soap and clean water is all that is necessary." He said it also in good plain English, one of his very pleasant failings.

A good many city fashions do not go with country manners—are out of place.

HAY FEVER.

By Geo. J. Monroe, M. D., Louisville, Ky.

I have, one time and another, seen a good deal of hay fever. Where I formerly resided in Illinois, we found about the fifteenth day of August hay fever would commence. On or near that date a number would call to see me, having a severe cold apparently. There would be a coryza, sneezing, eyes watering, slight fever, nervous prostration well marked, sore throat and nose, poor appetite, general prostration and malaria. In fact the patient would be in a very uncomfortable condition. This state would be aggravated by the sun and dust. If the wind happened to be in the east or southeast the patients were very miserable. After suffering a week or more acutely they generally have some asthma. In these asthmatic attacks it often seems as though the patient would die. He cannot lie down, he cannot sleep, and he has no appetite. He sits upon a chair with his head resting upon the back of a chair in front of him, gasping and fighting for air. I was called last Fall to see a case in this condition. I prescribed strychnine, sulph. quinine, arsenic and capsicum in full doses. I also ordered sinapisms over the lungs. I ordered him to breathe air saturated with fusel oil and steam. This was at 3 p. m. At twelve that night I was sent for. I found my patient pulseless, skin blue, surface cold, respirations but four per minute, gasping for breath and apparently in a dying condition. I certainly thought he would die before I could do anything for him. I injected into one arm as speedily as I could one-fourth grain sulph. morphine combined with 1-150 grain of atropine. Into the other arm I injected nitro glycerine 1-100 of a grain. Relief was almost immediate. He very soon fell into a quiet sleep which continued for over an hour. When he awakened there were some asthmatic symptoms present. I repeated the hypodermic injections. He became quiet, the breathing being greatly relieved, although a good deal of trouble remained. I continued the strychnine and capsicum; stopped the quinine. I ordered the injections to be repeated sufficiently often to give relief. From that time improvement

was rapid. I continued the strychnine until I noticed considerable effect upon the muscles. I then withdrew the large doses of strychnine, and placed him upon the compound syr. of the hypophosphites and muriate tincture of ferri. I gave him a good nourishing diet, as much as the stomach would digest. On examining his nose I found marked thickening of the mucous membrane. This was confined to the left side. He has had his nose treated several times by specialists, and all that thickened condition removed. This had been the means of relieving him temporarily each time, yet the effect was not permanent. Each recurring year about the fifteenth of August another attack would develop. On examination would be found the same thickened condition of the mucous membrane that existed prior to its surgical removal. He had had less trouble in the two previous years. This year he was about as bad as any one could be and live. He told me he had suffered really more from this attack than ever before. I place little reliance upon the cure of these hay fever attacks, by the removal of hypertrophied mucous membrane or spar of thickened bone from the nose. We usually have temporary relief, and that is something to be desired, but as to permanent relief we do not have it from these operations.

The season appears to have greatly to do with hay fever. The last two seasons have been favorable for hay fever patients. Many during 1892 and 1893 told me they were entirely cured of hay fever. The Fall of 1894 proved emphatically to the contrary. Of course those who were free, or nearly free, from hay fever during these two years lauded the last treatment they had used. If it was removal of hypertrophied tissue, that got the praise. But 1894 proved they had all built upon the sand and not upon a solid rock foundation. The explanation of the severity of the disease this year, 1894, is a proper atmospheric influence or condition, conducive to the development of the disease. A long, dry, warm summer has prevailed. The dust has been bad, weeds of various kinds ripened early, malarial conditions were present. I have invariably noticed that these conditions produce hay fever, in those subject to it, in a worse form, than if the season had been wet and cold. I have my doubts if any operation performed upon the nose surgically, has any tendency in

curing the attacks of hay fever. We may expect temporary relief and that is all.

What is hay fever? I am fearful I have propounded a question which is difficult to answer. What the absolute and certain cause of hay fever is I do not pretend to know. I do not believe that anybody else does know. That it is produced by a something in the atmosphere I believe. What that something is remains to be proven. Whether it is caused by any one thing in the atmosphere is very uncertain. I am compelled to believe that there are a number of things in the air which are capable and prolific in producing the disease. These seem only to be active at certain seasons of the year. The probability is, they are only ripe at such seasons. We know this to be a fact. A patient may be very ill in Louisville with hay fever. He may start for Petoskey, Michigan, a town on the northern side of Lake Michigan. He goes to Chicago and takes a boat for Petoskey. Before Petoskey is reached his hay fever has departed. The sneezing, running of the nose, and eyes watering, are all passed. He breathes as freely as ever he did. So long as he remains at Petoskey he has no hay fever. If he stays until after frost in Kentucky, and then returns, he will have no hay fever. If he returns to Louisville before we have a frost he will have hay fever as sure as the world. It proves to my mind that whatever the cause may be, it exists at Louisville, but does not exist on the northern coast of Lake Michigan.

TREATMENT.

As to the treatment of the asthma accompanying hay fever I have given my method. The treatment almost seems specific. Whether this is any means to ward off the disease, and still remain in Louisville, I am doubtful. I am satisfied that so far, we have no medical or surgical specific for hay fever. We can alleviate, we cannot cure, we cannot prevent. I am satisfied there is no permanent benefit derived from boring out the nose. Perhaps if this was done before the acute symptoms manifested themselves, we might modify the attack, but if we defer local treatment until an exacerbation of the disease has developed no benefit results. Probably the proper time to treat hay fever, is

when there is no local or general manifestations of the disease. Yet how few there are who will undergo any treatment when the conditions do not demand it. About the only remedy I know of then, is the temporary relief obtained from climatic changes. This relief can be acquired by a temporary abode at Petoskey, or Charlevoix, Michigan. I presume those who are obliged to remain at home, can derive as much comfort from the following method of procedure as from any other. Anticipate the fifteenth day of August by a pretty brisk alkaline cathartic. Keep the stomach active by the pepsines, pancreatine, soda, etc., etc. Bathe the skin daily with an alkaline bath. Keep out of the air as much as possible; eat good digestible food. If the nose becomes sore, use a spray of mur. cocaine, twenty grains to the ounce. Spray three or four times a day. Spray also with the peroxide of hydrogen, listerine, witch hazel, eucalyptus, soda bicarb, carbolic acid, or something of this nature. I find that twenty grains of sulph. quinine relieves the conditions. Calomel taken every few days followed with a seidlitz powder is good. The lithia waters act beneficially. A good nourishing, but easily digested diet is requisite. If your patients are able financially send them to Petoskey. You will save yourself a great deal of trouble and many cursings by so doing. Worry your patients along in one way or another until about the twentieth of September, and they will get well. Of course they think you have cured them, yet we know better. The atmosphere has cured them. It is all right however, to get the credit of doing it.

THE *Calcutta Medical Reporter* states that Fuber, of Hamburg, who suffered a great deal from hay fever during past summers, noticed that in winter a coryza was accompanied with hot ears, which gained their normal temperature when the discharge from the nose was established. He tried a reverse order of things on the hay fever, and rubbed his ears until they became red and hot. It is now the third summer that he has led an endurable existence. As soon as there is the least amount of fullness in the nose, the ears are noticeably pale. A thorough rubbing of the ears has always succeeded in freeing the mucous membrane from congestion. The rubbing must be thorough and repeated.—*Nat. Pop. Rev.*

PUERPERAL ECLAMPSIA WITH REPORT OF CASES.

By John F. Morgan, M. D., Jackson, Ohio.

[Read Before Hempstead Academy of Medicine, March 4th, 1895, Portsmouth, Ohio.]

Puerperal Eclampsia is not a very frequent disease, yet it is not a very rare one, almost every practitioner having seen more or less of it.

The ratio is variously estimated as one in every three hundred to one in every five hundred deliveries, and the death rate all the way from fourteen to thirty per cent.

Like other diseases, some practitioners seem to have more than their share, while others have less in proportion to the amount of work they do. Some report great success with a certain line of treatment wherein a certain drug is used as the principal remedy in all of the cases. Others with as much enthusiasm will claim as great success with an entirely different treatment. Notwithstanding the success of these isolated, fortunate brethren who can with pride point to their cases running into the dozens without a break, the death rate with the great mass of physicians is alarmingly high.

The suddenness of the attack, the frightful condition and high death rate make an impression not to be soon forgotten. Notwithstanding this, the physician may be surprised at the advent of any new case as it is apt to come on when he least expects it. In some cases we may be able to ward off an attack owing to the patient being properly under our care; some of the premonitory symptoms being recognized and treatment instituted before the convulsions, when we are first called.

The exact pathology of this disease is not very definitely established. Fifty years ago when the close relationship of Eclampsia and the presence of albumen in the urine was discovered, it was thought the cause of the disease had been found. Much has been written in favor of and against this theory. New theories have been advanced and progress made, yet authors are not agreed as to the cause or best plan of treatment. I will not enumerate nor attempt to discuss the different theories, but will say that I believe the uræmic origin is the safest to adhere to

and treat accordingly. The clinical history of this disease is much the same as uræmia but more transitory in character.

The convulsions may come on at any stage of labor in the later months of pregnancy or several days prior to or a few days after labor. Dr. Love, of Mt. Clair, N. J., who has had quite a number of cases, makes the statement that twenty-one days was the longest time he had seen them develop before labor was terminated. Should the time come that the masses would appreciate the importance of consulting their family physician for the apparently trifling ills of life, we might be able to recognize in some of these cases, the premonitory symptoms of eclampsia and avert the danger by treatment in time.

The premonitory symptoms are said to be headache, dizziness, spots before the eyes, loss of sight, impaired intellect, and œdema of the subcutaneous tissue. While a part or all of these symptoms are present in most cases, my experience leads me to question the presence of any of them in some. One of my patients, a very intelligent lady, who had convulsions after delivery, in answer to my questions after recovery from convulsions and during labor, gave negative answers and said she never felt better in her life than through the whole period of gestation. The only thing that may have been considered as a premonitory symptom, was that she said that during labor she had a dread of the ordeal and felt that she was not able to stand it, that she was not as brave as she had been in the two times previous.

There is no mistaking the spasm when it comes on, first a tonic then a clonic spasm with eyes rolled upward and head drawn backwards and most of the time to either side. The involuntary muscles also participate in the spasm and from an experience limited to observations made in one case, I would say that the convulsive movements begin in the arterial coats quite an interval before there are any manifestations in the voluntary muscles, and that the influence of the drug (morphia used in this case) has a more rapid effect in controlling the spasms of involuntary muscles.

Treatment.—The first and principal thing is to prevent or modify recurrent spasms; in doing this we relieve the patient of immediate danger. Afterwards use such remedies as fill the

physiological indications in each individual case. For the purpose of controlling spasms there are several agents which have their advocates. The principal ones being morphia, chloral hydrate, chloroform, veratrum viride, venesection, pilocarpine, and benzoic acid, or some of these combined or in combination with other agents. With my present knowledge of this disease, were I limited to the use of only one drug, I would prefer the use of morphia hypodermically in large doses, one-half grain to the dose repeated every hour until profound narcotism or convulsions ceased. Some have advised giving it in larger doses than this, and some of the patients will stand more, but it is safer to observe the effect after beginning with half a grain, and repeat accordingly. The effect can soon be seen, as morphia given hypodermically has its maximum effect in about half an hour. But I would add to morphia the inhalation of chloroform to hasten narcotism and veratrum viride hypodermically for its well known effect on the circulation in lessening blood pressure, thus robbing the convulsion of its fatal power. It seems that morphia in this disease has the power of counteracting the effects of the toxine. Barthelow says that Scanzoni first mentioned it, but that Loomis more clearly called attention to the fact, that the most uniform effect of morphia given hypodermically in this and uræmia is first to arrest muscular spasm by counteracting the effects of the uræmic poison on the nerve centers; second to establish profuse diaphoresis; third, to facilitate the action of cathartics and diuretics. The secondary effects of morphia diminishes arterial tension which is coincident with relaxation of the skin.

I believe that in these three we have our best means of controlling this disease. A limited use of chloroform with morphia and veratrum pushed until we have their full physiological effect.

Blood-letting has been used to a considerable extent and no doubt with benefit in well selected cases but I believe we can accomplish the same thing with veratrum viride. Chloral seems to be popular in England and is used to some extent in this country. While it is a prompt antispasmodic and hypnotic, it is an unwieldy remedy in this disease and has no advantage over morphia. Pilocarpine theoretically is a promising remedy but it

seems to have fallen into disuse on account of the uncertainty of its action and danger of producing hyper-secretion of respiratory tract and œdema of glottis. Benzoic acid or what is better benzoate of soda is an efficient antiseptic and is eliminated principally by the kidneys and should be used at all stages of the disease when they are able to swallow. A cathartic should be given as soon as practicable and repeated if necessary.

If labor has not begun the better plan is not to interfere, if it has, hasten as much as possible.

I will here give you a brief history of five cases with treatment as near as I remember.

First.—Mrs. M——, mother of several children, about forty-five years, in fifth or sixth month of pregnancy, had been an invalid for years, much emaciated. Saw her about six o'clock in the evening. The family said that she had had a spell in the afternoon the nature of which they could not well describe. Soon after I saw her she had a light convulsion. During the fore part of night she had three more of medium severity. In company with Dr. Williams I gave large and repeated doses of chloral hydrate hypodermically, one or two doses combined with potassium bromide had been at first given by the mouth. After the fourth dose hypodermically she had no more convulsions. Labor terminated at three next morning. Fœtus had been dead some time. She made a good recovery, except the sloughs which formed at all of the points where the injections were made.

Case second.—Was a primipara, about twenty, very slender, with narrow pelvis, had been attended from three o'clock in the morning until seven in the evening by a midwife who persisted in saying that the patient was getting along all right after she had had a hard convulsion. Two messengers had been dispatched for a physician and shortly after my arrival Dr. W. H. Monahan came in. We first gave chloral by the mouth, but soon had to give it hypodermically. Presentation normal, considerable dilatation, as soon as possible we adjusted the forceps and delivered her of a large dead baby. The coma soon became profound. The convulsions continued until the next day in the forenoon. She had in all thirteen, five before and eight after

delivery. She died on the fourth day, being comatose to the last.

Case third.—A primipara, age about twenty. I was called on Sunday, 12 M. She was having labor pains and had had one convulsion. Not having any chloral with me (my preference had been for chloral up to this time) I at once gave her hypodermically one-fourth grain of morphia, advised her husband of the gravity of the case, and Dr. Williams was called in. Soon she had another convulsion. We then gave her fully half a grain of morphia hypodermically. We repeated the morphia at intervals of about one hour until four one-half grain doses had been given, when the convulsions ceased. She had in all four convulsions, the first two being quite severe. Later in the evening about nine o'clock, the effects of the morphia were wearing off and we gave her a dose of about one-fourth grain. The last one before this was about four o'clock. Not at any time was narcosis very profound, and she had in about three hours' time two grains of morphia. I saw her Monday morning, her condition was nearly normal, pains had ceased when she became narcotized. Os in same condition as the day before, dilated just a little. Ordered cathartics which had desired effect during the day. On Tuesday morning I was called in haste to attend her in labor. I went four squares in a hurry and on arrival found the baby born and both in good condition. Recovery was rapid and uninterrupted.

Case Fourth.—On Nov. 7, 1894, at two o'clock in the morning delivered Mrs. W. of a girl baby. This was her third. She always got along nicely. Said that she had been in good health. Labor was dry and bloodless. Child quite small. Labor comparatively short and easy.

In the evening I was called in haste. On arrival found her in a dazed, anxious condition and very solicitous as to what was the matter. On inquiry of the nurse and husband as to the nature of the spell they said she had, I did not get any very satisfactory answers. (The husband explained afterward that he did not want her to know she had a convulsion). I proceeded to examine her. I was in the act of examining the pulse, when all at once it contracted more firmly, getting harder and harder until it felt like a wire; this lasted for a few beats when a general con-

vulsion came on. It was now six o'clock in the evening, the first convulsion at five thirty. I gave her one-half grain morphia at six five. Dr. Williams was called in. We gave another half grain dose of morphia at seven ten. She had a convulsion at seven twenty-five. We gave another half grain dose of morphia at eight twenty. She had a light convulsion at nine forty. We gave another half grain dose of morphia at nine fifty. She had no more convulsions. Up to this time no change in the pupils, which had been a little contracted from the start. Soon after the last dose the pupils became a little contracted and she was well under the influence of the morphia. She could be aroused and we could see that the mind was a little clearer. Respiration reduced to six and seven per minute. Diaphoresis considerable, pulse soft and regular 78 to 80 per minute, remaining in about same condition till about six thirty when she awoke of her own accord. Mind clear and much better in every way. At this time I gave another dose of one-fourth grain of morphia. At five A. M. I drew her urine, about twenty-four ounces, Spec. Grav. 1.20, reaction acid. Contained albumen which disappeared after third day. In addition to morphia during the night, she had seven drops normal tr. gelsemium every two hours by the mouth. At seven in the morning and at one in the afternoon, gave her a large dose of epsom salts which moved her bowels several times in the afternoon. This was the patient that gave negative answers of any premonitory symptoms. Recovery is complete.

Case Fifth.—On Feb. 4, 1895, at six thirty was called to see Miss B., aged twenty-two years, primipara, small but well formed. On arrival learned that she had been in labor about two hours, had one convulsion at six twenty. She went into convulsion before I had time to administer the dose I was preparing. I noted the time, it was six fifty. I gave fully one-half grain morphia hypodermically at seven. At ten she had another convulsion. I went to the drugstore for some veratrum viride. Stopped at Dr. Gahms and told him to come over and bring Dr. Williams with him. When I got back I found that she had had another convulsion at seven forty. As soon as I could I gave hypodermically a weighed half grain of morphia and another

hypodermic of five drops of fl. ex. veratrum viride. This was at eight fifteen; at eight twenty-five she had a light convulsion, the last.

Convulsion, at 6:20; convulsion, at 6:50; morphia, at 7; convulsion, at 7:10; convulsion, at 7:40; morphia and veratrum, at 8:15; morphia and veratrum, at 8:25.

Had her inhale chloroform after last convulsion until narcosis was complete. About this time Drs. Williams and Gahm arrived, and both of them were present during the greater part of the day. At six forty to eight o'clock pulse 120 and hard. At nine o'clock, soft, weak, irregular, and 64 to 84 per minute. At ten thirty o'clock, soft, fuller, more regular, 72 per minute. Ten forty-five o'clock, soft, regular, 68. At eleven fifty-five, 78, full and harder. Injected one minim veratrum viride. Vomited immediately. Made digital examination. Os dilated about the same as when first seen, about the size of a dollar; head more firmly engaged. Aroused, mind clearer. Twelve forty-five, pulse 58, soft and regular.

Respirations at 9 o'clock, 9 per minute; at 10:30, 4; at 10:45, 5; at 11:55, 4 and 5; at 12:45, 9, awake; at 1:50, pulse 76, sleeping, respirations 8; at 2 gave one mimim veratrum hypodermically; at 2:15 pulse 70, sleeping; at 2:35 72, awake. Drew the urine, three ounces highly albuminous. At 2:50 pulse 65, sleeping, respirations 8; at 3 gave dose of epsom salts; labor progressing. At 3:45 pulse 66, labor pains stronger and oftener; at 3:50 two minims veratrum by the mouth; at 4:10 pulse 60; at 4:30 male child born by help of forceps, almost asphyxiated. Dr. Williams had it resuscitated after fifty-five minutes hard work. Second child head and hand presented; corrected presentation and it (also a male) was born at 4:45. Did not require so much to resuscitate this one. At 8:45 pulse 60, respiration 8. Gave two drops veratrum by the mouth and ordered this continued through the night at intervals of two hours. About midnight she aroused, mind clear enough to appreciate what had taken place. Voided about eight ounces of urine highly albuminous next morning. Bowels moved in afternoon after taking three doses of salts, but she vomited the one given in the morning. The third given at noon. From this

time on urine increased in quantity and albumen subsided by the fourth day. The premonitory symptoms had been very marked in this case, and continued for several days after delivery. On the second day I put her on a preparation of soda benzoate one and one-half drams to three ounces of water, and directed a teaspoonful every two hours. Recovery was gradual but slow.

HONOR TO WHOM HONOR IS DUE.

A SKETCH OF THE LATE DR. ALEXANDER I. ARONSON.

We are indebted to the courtesy of one of the greatest papers in this country, the *New York Sun*, for the picture we present our readers of the distinguished member of our profession, Dr. Alexander I. Aronson, who died in New York City, Monday night, June 24th, 1895. The account of the life and work of Dr. Aronson are taken, with some modification, from the same source. The narrative could not be better told. Our reasons for presenting the picture of Dr. Aronson, and the sketch of his life are several. Not only is it the record of a distinguished physician who has attained eminence, and whose "passing" on this account alone deserves notice; but the vast multitude who did honor to him on the day of his funeral, had not come on account of his high standing in the profession, but because his life had been one of constant kindness, his time and means always at the service of the poor and suffering. Those who read the account aright will find in it a powerful sermon—a noble examplification of the golden rule. We publish it as a tribute to a noble life, as an incentive to generous acts, as an example worthy of imitation.



DR. ALEXANDER I. ARONSON.

For a man who never held public office, the late Dr. Alexander I. Aronson had one of the largest funerals seen in New York for years. Only a month ago Dr. Aronson, who was apparently in good health, remarked to

his wife that his life was a most happy one, and that there were only two things more that he could wish for. Asked what these were, the Doctor replied:

"When it comes my turn to pass away, I want to die suddenly, like that," and he snapped his fingers. "And after I die I would like to have one of the biggest funerals ever seen in this town."

Both wishes came to pass. On Monday night Dr. Aronson went over to Brooklyn to see a patient and returned to New York at 11 o'clock. He had another case that required his attention later in the night, and, meeting another east side physician, the two adjourned to a place on East Broadway, where they played chess and smoked. It was near midnight when the doctors gave up their pleasure for business. Dr. Aronson walked toward his home, for the purpose of getting a case of instruments before making the call which he had on his list. His friend accompanied him to the corner.

"Good night," said Dr. Aronson, and these were his last words. He walked a few paces down Henry street, staggered, and fell dead on the sidewalk within fifty feet of his house. Many of the occupants of the houses on the block where sitting on their stoops, for indoors the night was warm. Probably fifty of these persons saw Dr. Aronson fall, and every one of them recognized him. They knew him as a true friend and a man who had spent his life in relieving the sick and assisting the poor. All expressed regret over his death, but when death had come so suddenly they remembered that it had been his desire to die thus. One man in the crowd remarked:

"Dr. Aronson was in the habit of telling his friends that he would like to die near his own door when his time came and that he wanted to die outside of the house because the shock of seeing him drop in the house might affect his wife and children for the remainder of their days."

The body was carried into the house. The shock prostrated the members of the family, for the Doctor had left home in good spirits, kissing his wife and children good-bye, as had been his custom. The funeral was held on Thursday afternoon. The Rev. Dr. Meisner, of the Fifty-seventh street synagogue, a personal friend of Dr. Aronson, and the Rev. Dr. Zinsler, of the Henry street synagogue conducted the service at the house.

During the morning hours a continuous line of people passed through the house to take a last look at the body. From 5 o'clock in the morning until the hour came for the funeral to start, it is estimated that more than 15,000 persons passed through the house. All had a good word to say about "our doctor," as they called him. The crowds on the adjoining streets were so great that the reserves from three precincts were called out to save the weak from being crushed and trampled upon. The occupants of the neighboring houses crowded out on the housetops, and leaned out of windows to see the coffin put in the hearse. The pall bearers were sixty in number, all physicians intimately acquainted with Dr. Aronson. As the hearse turned the corner toward East Broadway the various organizations of which the Doctor was a member fell into line. There were twenty-two

societies, religious, social, and beneficiary. A peculiar feature of the funeral cortege was that eight hundred men, all patients of Dr. Aronson marched behind the hearse.

As the hearse passed down the East Broadway block on which Dr. Aronson had established a hospital for the relief of the poor consumptives the sobbing of those on the sidewalks was heard by those in the passing carriages. There were 293 carriages in the line. The cortege proceeded through the principal streets of the east side, passing the house on Henry street three times before starting for Washington Cemetery, the place of interment. At the cemetery the services lasted more than two hours, and it was after 7 o'clock when the mourners got back to the city.

Dr. Aronson was born in St. Petersburg thirty-eight years ago. He was educated at Jena College, in Germany, and came to New York in 1880. Two years later he married Miss Cecilia Apple, and went to live on the east side, Dr. Aronson opening an office there. His father was a rich man, and Alexander, inheriting a good portion of his wealth, decided to devote his life to assisting others. He had spent much of his time in the study of pulmonary diseases, and his aim in life was the discovery of a cure for consumption. Going to Europe and remaining there for two years, he acquired familiarity with the use of Koch's lymph. He decided to try it here, and opened the Koch institute at 196 East Broadway. He afterward discarded the use of lymph, and the institute became known as the Aronson Hospital for Consumptives. Thousands of invalids are treated there daily. When he was called to attend a patient in a poor family it was Dr. Aronson's custom to leave a few dollars on the table behind him. It is said that he had seventeen rent pensioners on his list. In dispensing this charity he recognized neither creed nor race. One of his most intimate friends said yesterday:

"Dr. Aronson was one of the most charitable men in New York. It made no difference whether a man was a Christian or a Jew, he would give him attention, medicine, and money if appealed to. In fact, it was not necessary to appeal to him for aid. He was a man who took pleasure in seeing others happy. Once he said to me: 'Sam, if I possessed $10,000,000 I would drive around the tenement districts giving out money to the poor. I like to discover a case where a driving landlord is pushing a poor tenant to the wall Then it's my delight to rush up at the last minute, raise my hand and call a halt with a check for the amount owed by this tenant. Then you'll see real happiness in the face of the one relieved.'

"He also used to say that a man's life was but a few years, and that it would be an easy matter to make it a happy life if the rich would contribute just a little to the relief of the poor. Seven years ago there was a case of blood poisoning over here on the east side. The patient was a woman, very poor, didn't have a dollar. A dozen physicians refused to take the case, as it would have been dangerous to themselves to handle it. Dr. Aronson heard of it, and was told one night the woman would die unless

she was operated on within two hours. That night his brother was getting married, and they were to have a big time at the wedding. Dr. Aronson took off his dress suit and hurried away to operate on the patient. The operation was successful, and the Doctor was happy. That operation almost caused him to lose his own life, for he was taken down with blood poisoning, and lingered between life and death for weeks. People came in crowds to inquire about his condition, and many of those who came knelt on the stoop and offered up prayers for his recovery. He did recover, and afterward said that he would undergo the same experience again if he thought there was the chance of saving a human life. This was the sort of a man he was. He lived as he desired to live, and died as he wished to die."

The Doctor's death was due to heart disease. Death came in a similar way to his father and to his grandfather.

THE USES OF THE OBSTETRICAL BANDAGE.

By Hubbard M. Smith, M. D., Vincennes, Ind.

To the Editor:—The article in the July number of the Cincinnati Medical Journal by C. M. Capps, M. D., of Corryton, Tenn., upon the foregoing subject, is somewhat refreshing, owing to his cavalier treatment of the bandage, but not at all convincing to an "old stager." Let us reason together, and have nothing to do with "superstition." The *ipse dixit* manner by which the Doctor sets aside a time-honored and approved practice seems too flippant to carry much weight with it.

Why should the bandage be applied?

1st. Because after parturition the uterus being preternaturally enlarged and heavy, requires support. The supporting ligaments, having been on the stretch for months, have lost their elasticity and require rest, after the tension is taken off, to regain this former elasticity. The muscles of the abdomen having become relaxed and stretched, to adjust themselves to the developing fœtus, are not in a condition immediately after labor to hold up and give the required support. In this dilemma the bandage supplies the "long-felt want," which is really more than the "superstition" alleged by Dr. C. Although parturition is a physiological process, and nature is supposed to meet all emergencies, yet the handicraft and skill of the doctor is often called into requisition to aid in restoring the organs to a normal condi-

tion. Common, practical sense would lead one to suppose that the support by a bandage in relaxed, flabby conditions, would act favorably in raising them to the normal state. The idea that a properly adjusted bandage would produce stasis in organs and muscles, by impeding the circulation of the blood, is wholly chimerical. Probably the bandages applied by Dr. C. may have retarded involution, but if so, the fault was in the application not the bandage. I admit that if a straight bandage, like a towel, is applied very tightly and permitted to work up over the hips, injury might result. The bandage should be shaped like a T, made to fit the body by gores, and when applied to the abdomen with the hips a little elevated and the lower part of the "T" brought up and pinned to the hip portion, the whole is kept in position, and the pressure is equal in all the parts. Another advantage of the tail flap is that the antiseptic pads or cloths can be kept *in situ*, thus securing sanation and comfort to the patient.

Some women are in a better condition, who get up at the end of three days, than others are in three weeks. There are some women in the humbler walks of life, and especially is it so with uncivilized people, who scarcely turn aside from their usual routine in life on the advent of offspring, so simple are their habits and so vigorous are their constitutions. But, even with those, doubtless many die or are rendered invalids, because science and art are not supplemental to nature on such occasions. Gentle pressure by the bandage, supports and gives tone to the relaxed, engorged capillary vessels of the abdomen, and takes the tension off the ligaments of the engorged nutrium, and aids materially to restore normal conditions. By the aid of the bandage mothers are enabled to rise from their beds earlier than they could otherwise do. At this point I am reminded of an anecdote not wholly inapplicable to this subject. A man was seen by two companions, on a cold day, driving along in his buggy, with a buffalo robe over his lap with the hairy side out. One of the twain said to him, "why don't you have the other side of your robe outside?" And the reply was that "he reckoned the buffalo knew which side to put to the weather." Having been many times told by women that the bandage was a great comfort to them, from the start, after delivery, and its use was an

advantage and comfort a month or two after confinement, I am constrained to take their testimony as mightier and worthier than that of Dr. Capps or any other author. The women know whether the bandage is beneficent or not. This idea of abandoning the bandage is on a par with that of failing to tie the umbilical cord. Let not common sense practice, based upon facts and experience, be pooh! poohed! out of existence, for fear that they might be, by the "higher criticism", called "superstitious." Successful practitioners of medicine, especially with children know what a help the well-fitting flannel bandage is in the treatment of a wasting diarrhœa, where the abdominal muscles become relaxed. If Dr. C. is right in his theory of injury from pressure by the use of the bandage, the application of it, as an auxiliary in the treatment of the fluxes of children then, should be discarded as an agent of harm. Instead of harm resulting in such cases, we find nothing but comfort and good results.

ENCOURAGED BY APPLAUSE.

Not long since the following incident occured in the writer's hearing, at the meeting of a medical society. The subject of puerperal eclampsia was under discussion. The author of the paper related how he had given croton oil in each case. A physician with an unusually rosy appearance to the end of his nose, arose and said he did not think the dose of oil was large enough. He often gave it in much larger doses. "How large?" a member asked. "Five drops at a time," he replied. "That's not large," said a member. (Applause.) "Well, in some cases," said the first speaker, "I give fifteen drops to a dose." (Applause.) Another member exclaimed, "I have given double that, myself." (Applause.) Encouraged now to the point where he did not propose to be beaten, the ruddy-faced member replied, "And I have often given it in teaspoonful doses." (Great applause.)—*Practical Medicine*,

VIVISECTION DEFINED AND DEFENDED.

By William Tounsend Potter,

Assistant Professor of Physiology in the Harvard Medical School.

[The following statement is made at the suggestion of Dr. H. P. Bowditch, Dr. W. T. Councilman, Dr. W. F. Whitney, Dr. C. S. Minot, and Dr. H. C. Ernst, professors in the Harvard Medical School, in answer to many requests for information with regard to experimentation on living animals.]

Readers of the daily prints are aware that a few misinformed individuals are making a persistent effort to bring about a popular agitation against experimentation on living animals. The newspaper letters and other communications put forth by these persons dispute the necessity of vivisection, affirming that the knowledge secured by this means is not essential to the progress of biology and therefore without substantial value for medicine, a department of general biology on which the public welfare and the happiness and prosperity of every citizen depend.

It is charged that experimental studies of the functions of living animals have no purpose save the gratification of an ignoble ambition, or the satisfaction of an idle and vicious curiosity. It is asserted that living animals, without narcotics, helpless under the control of poisons which, it is alleged, destroy the power to move while increasing the power to suffer, are subjected to long, agonizing operations in the hope of securing some new fact, interesting to the scientific mind but without practical value. The cruelties practiced by vivisectors are paraded in long lists, with the assurance that they are taken directly from the published writings of the vivisectors themselves, and distressing pictures are drawn of the work of eminent professors in great universities. In short, an organized effort is making to persuade the uninformed that men who spend their lives in laying the broad and deep foundations on which alone a rational medicine can rest are wanting in common humanity, and that the medical profession, whose work it is to lessen the suffering in the world, looks with indifference on useless and truly revolting cruelties done before its very eyes.

It is true that the evident exaggeration of these charges will alone discredit them with many who have no special knowledge of the procedures so fiercely attacked, and who therefore cannot perceive that the weapons of these agitators are garbled facts, downright perversions, and misleading excerpts from professional writings beyond the comprehension of the untrained. It is true that the public mind will hardly be persuaded that teachers in medicine have less mercy towards dumb animals than men of other callings. And yet these reiterated charges of cruelty, these long-drawn lists of atrocities that never existed, these loud outcries to put an end to the frightful scenes daily enacted within the open doors of the most enlightened seats of learning, absurd though they be, do positive harm. The least of the evil that they do is that they publicly attack the character of investigators and teachers in the medical profession; the greatest, that they seek to destroy the freedom of learning, and to make impossible that patient search for fundamental truths which has raised medicine from the slough of empiricism to the level of an applied science. It is the duty of medical men to meet these mischievous attacks by a plain statement of the whole truth.

Experiments on living animals may be divided into three classes. In the first class may be placed those experiments in which the animal is narcotized before the operation is begun and is killed while still insensible to pain. This class includes almost all vivisections in physiology, *i. e.*, almost all experiments which determine directly the functions of living organs, and almost all pharmacological experiments, those which determine the action of remedies on living organs. An example is the cutting of the pneumogastric nerve in the rabbit, fully narcotized with chloral, in order that the action of this nerve upon the respiration may be studied.

The second class consists of experiments in which the operation is made during full unconsciousness and the animal then allowed to recover. The following illustrations will make plain the purpose of such work. In a narcotized dog an opening is made through the abdominal walls into the stomach and a short silver tube inserted. The narcotic is stopped. In a few days

the wound heals completely. The pain of the wound is usually so slight that even the appetite of the dog is not affected. Very exceptionally the wound takes an unfavorable course. In such cases, the dog, if seen to be suffering, is killed. This opening into the stomach enables the physiologist to determine with much accuracy the digestibility of foods, the nature and the amount of absorption from the stomach, the length of time that food remains in this organ, the effect of remedies upon its functions, and many other matters of the first importance. A second illustration is found in the experiments of the pathologist. A narcotized rabbit is inoculated with the virus of hydrophobia and the symptoms of the disease thus induced are carefully noted. The knowledge thus secured enables the pathologist to decide whether a dog which has been killed after biting several persons in a paroxysm of supposed madness was really rabid. If the dog was mad indeed, the inoculation of an animal with a small portion of the dog's spinal cord brings on the previously determined characteristic symptoms of the disease. The fact of rabies is thus made certain, and there is still time, so slowly does the rabies develop in the human species, to save the lives of the bitten persons by inoculating with the attenuated virus. Yet another illustration. The bacteriologist makes a scratch in the tail of an etherized mouse, touches the scratch with a wire covered with the germ of tetanus (lockjaw), and learns the course of the disease in this animal. He then endeavors, by the injection of various substances, to arrest the fatal march of the disease. It was in this way that the priceless discovery was made which has at length banished tetanus from the list of incurable disorders.

The third class of vivisections is that in which no narcotic is given. Many operations require no anæsthetic because they inflict little or no pain. An example is the injection of diphtheria toxine into horses in order that the serum of their blood may be used to destroy the diphtheria bacillus in the very tissues of the sick. Other operations of this class do cause pain. Painful vivisections, when made at all, are made for the sake of determining functions that are temporarily suspended by narcotics. Here truth is gained at the expense of suffering

because there is no other way. Such investigations are rare. None such have been made in the Harvard Medical School within our knowledge. We cannot believe that such inquiries are ever undertaken in any university without the most careful consideration of their probable value and the conviction that the benefit to humanity will far outweigh whatever suffering they may cause to the animals employed.

It is asserted that vivisection is not necessary. This we deny. Vivisection is the unavoidable consequence of two controvertible propositions: the first, that there can be no adequate knowledge of the whole without adequate knowledge of the parts which compose the whole; the second, that the functions of the complex organs which compose the higher vertebrata cannot be clearly made out by the study of dead organs or by the observation of the non-vivisected animal. It would be easier to create the science of strategy from observations on dead soldiers than to reproduce the present knowledge concerning the circulation of the blood from a study of the dead blood-vessels. Whole series of phenomena are hidden alike from the student of lifeless tissues and from the outside investigator who confines himself to man or the non-vivisected animal. Thus, the work done by every organ in the body depends on the quantity of blood with which it is supplied, and this depends, other things being equal, on the pressure of the blood within the arteries. No means exist of measuring accurately the pressure of the blood in men or non-vivisected animals. Only when the measuring apparatus is connected directly with the blood-vessels of the living animal can any certain knowledge concerning one of the most important factors in the life of the organism be secured. So the fundamental problem of the distribution of the blood can be solved only by vivisection.

Instances of the practical value of the knowledge gained by vivisection are almost numberless. The discovery of the restraining action of the pneumogastric nerve upon the heart disclosed a previously unsuspected attribute of nervous tissue, threw a searching light far into the gloom that still enshrouds the higher functions of the brain, and left an ineffaceable mark on practical medicine. This discovery was solely the fruit of vivisection. It

is now but twenty-five years since the physiologist Hitzig stimulated certain areas on the exposed brain of a narcotized dog and observed that each stimulus caused a particular group of muscles to contract. This experiment has given a mighty impulse to the diagnosis of cerebral disease, has opened the almost superstitiously dreaded brain to the surgeon's knife, and has rescued many who once were thought beyond the reach of art.

It is not to be disputed that the certain cure of any sick man depends on the accurate determination of his disease. It cannot be denied that a clear conception of the normal functions of a part is the necessary basis for the recognition of the abnormality of function which constitutes disease. It follows that the cure of disease must be founded on the knowledge of the normal functions of the body. It has been pointed out that this knowledge has been gained and must continue to be gained largely from experiments on living animals. Vivisection is therefore an indispensable aid to the practice of medicine and the progress of medical science and an indispensable agent in the preservation of the public health.

Cruelty is the intentional infliction of unnecessary pain. By far the greater number of vivisections cause no real suffering, because the animals employed are made insensible to pain. The occasional vivisections in which narcotics are not used because they temporarily suspend the functions to be studied are not cruel. The pain they inflict is necessary to the better knowledge of the functions of the body and necessary therefore to the better preservation of the lives of men and of domestic animals. Countless multitudes of animals are slaughtered daily, without narcotics, to furnish food. This is not thought cruel. Other animals are mercilessly hunted down because their furs keep off the cold. Even this is not thought cruel. Yet the professional scientist, highly educated, carefully trained, laboring with small material reward for the advancement of learning and the public good, is held up to public condemnation, because, in the pursuit of those truths which underlie the successful fight against disease, he finds it necessary to study the functions of unconscious animals and, very, very rarely, to perform operations in which suffering cannot wholly be avoided.

The statutes of the Commonwealth prescribe the penalties to

be inflicted on those found guilty of cruelty to animals, and on those who seek to disturb their fellow citizens in the pursuit of their lawful occupations. The physiologist and the pathologist take their stand within the common law, ready at any time to submit to the impartial verdict of competent judges the methods by which they endeavor to teach and to advance the science and the art of medicine.—*Cambridge, Mass., July* 12.

Salivary and Peptic Digestion.—Times have certainly changed greatly within the past few years, and, we might say within the past few months on the whole subject of foods and their digestion. Probably the most recent investigations in this line come from the Laboratory of Hygiene of the Battle Creek Sanitarium. Dr. J. H. Kellogg, the Superintendent, has been making some extensive experiments to prove the relation which exists between salivary and peptic digestion. The result will certainly be a great surprise to our readers. No less than 4,875 examinations were made of the stomach contents after a test meal. Dr. Kellogg reports that in a good per cent. of these cases he found the starch fully converted into sugar. Only in 1.8% of the cases did he find there was little or no conversion of the starch. It has always been taught that the acid reaction of the stomach completely checked the action of the saliva on the starches. But this does not appear to be the case now that actual experiments have been made on the healthy living subject. Salivary digestion continues in the stomach. And even when the amount of acid is more than normal, still will the salivary digestion proceed, provided more saliva than usual be present. This is a deathblow to those sensational writers who tried to inaugurate a scare that the injection of a predigested starch would cause sugar to appear in the urine, diabetes; because the glucose would be so rapidly absorbed while in the stomach that the liver could not properly care for it. Now, according to these latest experiments, glucose is normally made in the stomach. These writers will certainly have a difficult task to invert the processes of nature simply to make them conform to these ideas. By giving a predigested starch will simply save nature the amount of energy required to perform the digestion. By combining with this predigested starch elements which will aid in the digestion of the albuminous foods, we will have a preparation based upon the very latest discoveries. Such a preparation is found in Paskola, which is presented to the profession by the Predigested Food Company, of New York.

Clinical Reports.

(1) PECULIAR FORMATION OF THE PLACENTA.—(2) PREGNANCY COMPLICATED WITH UTERINE MYOMA.

By Louis Frank, M. D.

Associate Professor of Obstetrics and Director in the Bacteriological Laboratory, Kentucky School of Medicine, Obstetrician to the Kentucky School of Medicine Hospital; Gynæcologist to the Louisville City Hospital, etc.

[From the Proceedings Louisville Clinical Society. Stenographically Reported By C. C. Mapes.]

At the last meeting of this society I exhibited a specimen which I could not exactly make out, and which I believe none of the members explained satisfactorily; it was a placenta with a double sac, there being two complete membranes. It was not thought at the time, as will be remembered, that there was a splitting of the amniotic sac, but it was thought to be two distinct sac formations. Strange to say a few days afterward I came upon another placenta of very much the same sort, and which also apparently has two distinct sacs. This placenta presents almost the same appearance as the other one in every respect. This specimen, however, shows conclusively that in this case at least, and I take it in the other one, also, that there has been a splitting up of the amniotic sac, that is a separation of the true amniotic layer and the corium. This specimen also shows a separation of the false amnion from the corium. This condition is not such a frequent one as not to be of some interest. I cannot speak positively as to the condition in either specimen, as a microscopical examination has not been made. There was nothing otherwise peculiar about the case. This peculiar formation of the amniotic sac was not discovered until after the placenta was delivered. The amniotic membrane is still attached to a part of the corium and false amnion. The corium is in part split off, as shown by the outer portion of the external layer, from the amniotic sac.

Case 2.—Four weeks ago at the request of Dr. Wathen I saw a lady in Indiana, Dr. Wathen having been sent for and unable to go, for what was supposed to be a ruptured extra-uterine

pregnancy. The case being deemed very urgent, Dr. Wathen was requested to send some one immediately.

I found a woman æt. thirty years, having been married four years, with no history of any previous uterine or menstrual trouble; she had never been pregnant, and had been perfectly healthy until the present time. Four months previous to the time I saw her, her menses ceased. She supposed herself to be pregnant, and was so thought by the members of her family. The day before I saw her she walked about two miles from her home in the country to a village where her parents lived. A short time after arriving there she felt a severe sharp pain in the lower part of the abdomen. This symptom led the physician who was called, to believe that there was an extra-uterine pregnancy which had ruptured. She gave no evidence when I saw her of any shock whatever. She had a pulse of 80, good volume, no elevation of temperature—at least it was very slight. She stated that eighteen months previously she had noticed a large lump in the left groin, which had gradually increased in size. She had never had any flooding and had been regular in menstruation. As I have said, four months before I saw the case, her menstruation had ceased; she noticed nothing unusual until about a month before I saw her, or three months after menstruation had ceased. At this time she noticed that the lump in the side began to rapidly enlarge. When I saw her there were two large tumors presenting, one extending from the iliac fossa almost up on a line with the umbilicus; it was very large and somewhat fluctuating, being entirely to the left of the median line. Upon the right side and deeper down in the pelvis was felt another tumor more fluctuating than the one on the left side.

I questioned her very closely for symptoms of pregnancy, and none were present except cessation of menstruation. There was no pigmentation of the areola about the nipples; no secretion or other evidence of pregnancy about the breasts; there was no discoloration about the vagina, or external genitals; the cervix was high up and very hard; she had never had any morning sickness or other symptom of pregnancy except cessation of of menstruation. She complained of a great deal of pain about

the tumor on the left side, the pain here being acute and, on standing, very severe.

With this history, I came to the conclusion that the woman probably had a multiple ovarian cystoma and so diagnosed the case, advising that as soon as the weather permitted (it then being very cold), and as soon as she was able, she come to this city to be operated upon. Two weeks afterward she came here and was seen by Dr. Wathen, who concurred in the diagnosis, though he did not question her very closely. No uterine sound was ever passed at all. I state this as having some bearing upon the finding at the operation.

After she had been here for several days during which time she was prepared in the usual manner, the operation was performed. When the abdomen was opened a large tumor presented at the incision which at first was supposed from its appearance to be an ordinary ovarian cystoma, but upon further examination it was found not to be a cystoma but a large myomatous growth which was adherent at the upper portion. I attributed the pain which she had at the time I saw her to adhesions occurring, owing to localized peritonitis, between the tumor and the parietal peritoneum. And this, as the operation proved, had been the case, though there was a mistake in the diagnosis. The adhesions were quickly separated, the fibroid lifted up out of the abdomen, after ligating the broad ligaments upon either side, a neude was thrown around the tumor, and the latter cut away. The tumor on the left side arose from the body of the uterus low down. The other tumor involved the uterus also, being confined however chiefly to the fundus. The tumor upon the right side was distinctly fluctuating, and presented besides the general myomatous condition, the interstitial myomata which were present, several smaller sub-serous tumors over the surface. After applying the neude and cutting through the tumor, we found that we really had a pregnant uterus; the uterus contained a foetus at probably about the fourth month. the operation was completed, and the patient came off the table in very poor condition; further she did badly under the anesthesia, pulse 160. After being put to bed the pulse came down to 80, and she did exceedingly well for the first twenty-four

hours, when she began vomiting which continued incessantly for seventy-two hours, at the end of which time she died.

This case was a very interesting one to me, and I think probably to most of the Society's members, especially from the difficulty we had in making the diagnosis. Mistakes of this kind, I may say, not however in extenuation of my own, have been frequently made. In the last number of the *Journal of Medical Sciences*, I noticed a report by a French surgeon, of a case operated upon for large ovarian cystoma, in which there was a pregnant uterus. An asperator was inserted directly into the uterus and drew off the amniotic fluid; discovering his mistake he did a complete extirpation. In the same number is an extract from an article by Jesset in the *British Medical Journal*, who reviews the subject at great length. Jesset advises in cases of interstitial myomata of the uterus complicated with pregnancy, probably the best thing to do is a total extirpation of the uterus. In cases of subperitoneal growths where it is possible, he would advise enucleation of the tumor either by the neude or by hulling out the tumor and stitching up the peritoneum. These cases usually abort very early. As a rule, however, we find that pregnancy does not occur in uteri where there are fibroid tumors either subperitoneal or more especially the interstitial variety; when pregnancy does occur, abortion usually takes place very early.

In the case I have reported, leaving out of consideration the mistake in diagnosis, considering merely the operation, I think it is the best thing that could have been done. The dangers following labor or even abortion in uteri complicated with fibroid tumors is very great, and in these cases we usually have a great deal of hemorrhage following on account of the rapid growth, and failure of the uterus because of the condition to properly contract to control the hemorrhage. If a sound has been used in making an examination we would undoubtedly have produced an abortion, and the result might have been the same, though of course we do not know; she might have aborted, and the dangers of abortion in these cases is very serious from hemorrhage, from premature separation of the placenta and from septic infection occurring as a result.

DISCUSSION.

Dr. W. H. Wathen:—I saw the second case reported by Dr. Frank the day before the operation, and made a hurried examination of the abdomen, and could so distinctly outline the tumors that I felt there could be no doubt about the indications for a laparotomy. As the case had been diagnosticated multiple ovarian cystomata, I made no inquiry into the history. I was present at the operation, and when the tumors were exposed the one attached to the uterus, and the uterus itself, had the appearance of being either a very thick capsuled intraligamentous cyst, or a soft uterine myoma. Of course it was plain to be seen that it could not be an intraligamentous cyst, and I only refer to the capsule as having that appearance. The tumor upon the left side was much harder and was distinctly myomatous in character. I noticed that the adhesions to the abdominal wall upon the left side and to the omentum were very extensive and evidently had been formed mainly because of the peritonitis existing a few weeks before Dr. Frank saw the patient in the country. The husband told me that these tumors had grown within a few weeks to double the size, and were continuing to grow rapidly.

As to the propriety of operating upon cases of this sort: If we knew all the facts before beginning the operation, which no one can possibly know, it is a question of individual choice. One man knowing the conditions as they are now known would operate, and would find authorities to justify him in the operation. Another man would not operate and would find authorities likewise to justify him. If this woman had had an abortion there would have been great danger from hemorrhage, retention of the membranes and septic infection; or if an abortion had been induced it would have been the same; had she gone on to full term it is very doubtful if she could have given birth to a child. There would have been danger of urerine inertia, danger particularly of rupture of the uterus; and the operation of Cæsarian section at full term with a uterus containing a fibroid tumor as large as this one presents now, which would probably have been four times as large at term, would have been a very hazardous procedure and one I would not like to undertake. Had it been positively decided as soon as the abdomen was opened and the adhesions all separated that the uterus was pregnant, I think probably the treatment then should have been enucleation of the left tumor that was pedunculated. That however, would have been a rather hazardous procedure because of the immense blood supply, and the very large base of the tumor attached to the fundus of the uterus; but by throwing a gum ligature around the pedicle and then separating the investing membrane and enucleating the tumor, I believe the pedicle would have been so reduced in size that hemorrhage might have been controlled by ligating it with a double ligature just as we do in removing an ovarian cystoma. I assisted in the operation, and while I knew nothing of the former history of the case, still I must say I did not

suspect pregnancy until the tumor was cut off and the liquor amnii ran out. I cannot give an opinion as to cause of death. I could see no vital structure that was injured and do not know why the patient should not have gotten well. But we find that some of these cases die and we are unable to find any special reason why they should. There are no indications of sepsis.

Dr. Louis Frank:—I believe that even if the condition had been recognized, and the pedunculated fibroid had been gotten away as Dr. Wathen has described, the prognosis as to the ultimate outcome of the case would not have been much better, nor would it have been if the tumor had not been removed. We still would have had the myomatous condition of the uterus, we would still have had the dangers to contend with at labor either at term or if an abortion had been induced. If the fibroid had been left it would probably have impeded the progress of the child's head, necessitating a Cæsarian section at full term.

As to the cause of death in this case: I cannot definitely attribute it to any cause whatsoever, unless it possibly was sepsis; though how sepsis occurred I am unable to say. The woman vomited incessantly from the first twenty-four hours after operation; gas passed per rectum freely at times, not much after forty-eight hours until just previous to death, when she passed quantities of gas. Death occurred very rapidly; I had seen the woman fifteen minutes previously, and prepared to give her another anema; the nurse came back three minutes afterward and reported that she believed the patient was dying; death occurred four or five minutes later.

The pedicle in this case was treated by throwing a neude around it; in other words by the extra-peritoneal method.

(1) COELIOTOMY FOR MULTILOCULAR OVARIAN CYSTOMA.—(2)COELIOTOMY FOR BILATERAL INTRALIGAMENTOUS CYSTS, ONE OF WHICH HAD RUPTURED.

By Wm. H. Wathen, A. M., M. D., Louisville, Ky.

Professor of Abominal Surgery and Gynæcology in the Kentucky School of Medicine; Fellow of the American Gynæcolgical Society, and of the Southern Surgical and Gynæcological Society; Consulting Gynæcologist to the Kentucky School of Medicine Hospital and the Louisville City Hospital, etc., etc.. etc.

April 19th, 1895, a lady was referred to me by Dr. Edwards, of Nolin, of Ky., with a tumor enlarging the abdomen to the size of pregnancy at term. The history of case and physical examination justified the diagnosis of an ovarian cystoma. She was thirty years of age, married, had never been pregnant, and with the exception of the tumor was apparently in excellent health.

The following morning at nine o'clock she was operated upon. There were no adhesions. She has been in normal condition since, with pulse 68 to 70, and gas passing freely.

You will observe by the specimen that the tissue of the cyst proper appears to be absolutely fibrous in character. Also that the smaller cysts are covered with epithelium. If we accept the origin of these tumors as a retrograde process of development of the Graffian follicles, they have first a lining of the *membrana granulosa*, then an epithelial lining, and finally in old cysts the epithelium by pressure becomes entirely destroyed and we have nothing but fibrous tissue. Where they are multilocular, in some of the loculi, possibly in many of them, we have, even in old cysts, the epithelial lining. In this case aspiration was never performed.

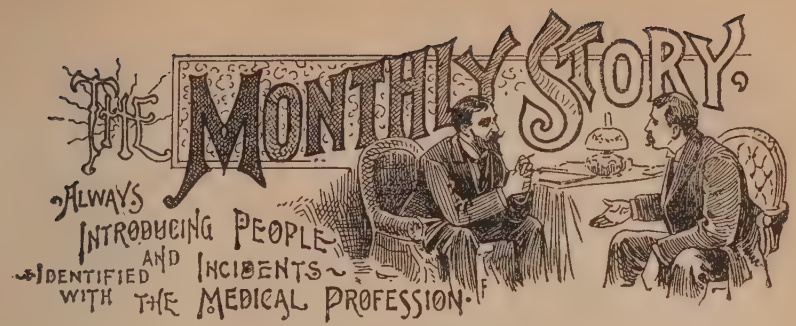
Case 2. Ten days ago Dr. Pratt, of Shelbyville, Ky., referred a woman to me with about the following history: She was thirty-one years old, had been married five years, had given birth to one child three years ago, which was either born dead, or died shortly after birth. She has not been pregnant since. She had been in good health until just before Christmas last. She then passed her period for six weeks, then her menses returned with considerable pain, which continued since during her periods and during the interval, gradually growing worse, finally causing constant suffering and a sense of heavy pressure in the pelvis.

An examination showed the uterus to be fixed, with a tumor upon each side pressing down very low into Douglas' pouch on the right side. In the operation the tumors were found to be as large as a goose's egg, and very firmly fixed in the pelvis, though not adherent to any part of the bowel. The one on the right side was first removed, and was enucleated with the tube firmly adherent to it, and as it contained four to five ounces of pus I supposed it was a tubo-ovarian abscess, but afterward upon dissection I found there was no direct connection of the tube and the abscess sac, and no pus in the tube; so it was not a tubo ovarian abscess, but it must be an abscess of a pelvic cyst, and probably of an intraligamentous cyst, because I felt at the time I was enucleating the tumor that it was in the folds of the broad ligament.

On the opposite side the cyst was removed, and it is as you will see multilocular; it was situated similarly to the one upon the other side. This cyst was filled with a clear liquid, and I am satisfied had its origin in the hilum of the ovary, and was also an intraligamentous cyst. These intraligamentous cysts are usually bilateral, and the first one shown, for some reason, possibly because of its immediate proximity to the rectum, had undergone suppuration.

When these tumors were enucleated, the denuded surface was very large, including the entire Douglas' pouch and the lateral part of the pelvis behind the broad ligaments, and the posterior part of the broad ligaments. Oozing was very considerable, and I tamponed tightly with a Mikulicz iodoform gauze tampon. And just here I would mention a little thing that I did at the time which enabled me to tampon to much better advantage When we ligate pedicles and drop them back in the cavity, a large denuded surface behind the broad ligaments will naturally be covered by infolding, so that some difficulty is experienced in bringing gauze packing directly in contact with the denuded surfaces so as to control the hemorrhage. I took hold of each pedicle with forceps, and had my assistant pull them up into the wound, and then with my hand down to the bottom of the cavity, and the intestines well protected, I could with the glass drainage tube press gauze firmly into every part, so that when the tamponing had been finished, every particle of denuded surface was covered with the gauze packing, and the iodoform directly in contact with it, so that there could not have been any considerable amount of hemorrhage.

The progress of the case thus far has been uneventful, and I presume the woman will make a good recovery. The question has been asked as to when I remove the gauze packing. I take the central pieces out within thirty-six to forty-eight hours: the outer piece is removed within from sixty to seventy-two hours. I then re-tampon down for a short distance with a strip of gauze so as to keep the wound open, allowing all drainage to come away. With such an extensive denuded surface, there is always a certain amount of secretion for probably a week, and if the wound is allowed to come together too early, unfavorable results may follow.



THE SEVENTH STEP.

By Clifford Halifax, M. D.

BEGAN IN JULY NUMBER—CONCLUDED.

I COULD not tell why, but when I was left once more alone, I felt a chill running through me. I went deliberately up to the oak door and turned the key in the heavy lock. The splendid bed-room was bright as day with electric light. Standing by the door, I opened Miss Sorensen's note. My horrified eyes fell on the following words:—

"We receive no mercy, and we give none. Your doom was nearly fixed when you found out the secret of my false paralysis on board the *Ariadne*. It was absolutely and irrevocably sealed when you saw my real name on the packet of letters which fell out of the brass-bound box to-day. The secret of my return to Russia is death to those who discover it unbidden.

"It is decreed by those who never alter or change that you do not leave this palace alive. It is utterly hopeless for you to try to escape, for on all hands the doors are guarded; and even if you did succeed in reaching the streets, we have plenty of emissaries there to do our work for us. You know enough of our secrets to make your death desirable—it is therefore arranged that *you are to die*. I like you and pity you. I have a heart, and you have touched it. If I can, I will save you. I do this at the risk of my life, but that does not matter—we hold our lives cheap—we always carry them in our hands, and are ready to lay them down at any instant. I may not succeed in saving you, but I will try. I am not quite certain how your death is to be accomplished, but I have a very shrewd suspicion of the manner in which the final attack on your life will be made. Your only chance—remember, your only chance of escape—is to appear to know absolutely nothing—to show not the ghost of a suspicion of any underhand practices; to put forth all your powers to fascinate and please Professor Sorensen and the guests who will dine with us to-night. Show no surprise at anything you see—ask no impertinent questions. I have watched you, and I believe you are clever enough and have sufficient nerve to act as I suggest. Pay me all the attention in your power—make love to me even a little, if you like—that will not matter, for we shall never meet again after to-night. After dinner

you will be invited to accompany Professor Sorensen to his laboratory —he will ask no other guest to do this. On no account refuse—go with him and I will go with you. Where he goes and where I go, follow without flinching. If you feel astonishment, do not show it. And now, all that I have said leads up to this final remark. *Avoid the seventh step.* Bear this in your mind—it is your last chance.—DAGMAR."

I read this note over twice. The terrible feeling of horror left me after the second reading. I felt braced and resolute. I suspected, what was indeed the case, that I had fallen unwittingly into a hornet's nest of Nihilists. How mad I had been to come to Professor Sorensen's palace! I had fully made up my mind that Miss Sorensen had told me lies, when she gave me her feeble reasons for acting as she had done on board the *Ariadne.* No matter that now, however. She spoke the truth at last. The letter I crushed in my hand was not a lie. I resolved to be wary, guarded—and when the final moment came, to sell my life dearly.

I had a box of matches in my pocket. I burnt the note to a white ash, and then crushed the ashes to powder under my foot. I then went downstairs.

Servants were standing about, who quickly directed me to the reception-rooms. A powdered footman flung the door of the great drawing-room open and called my name in a ringing voice. Professor Sorensen came forward to meet me. A lady came up at the same moment and held out her hand. She was dressed in black velvet, with rich lace and many magnificent diamonds. They shone in her sandy hair and glistened round her thin throat. I started back in amazement. Here was Sister Hagar metamorphosed.

"Allow me to introduce my wife, Madam Sorensen," said the Professor.

Madam Sorensen raised a playful finger aud smiled into my face.

"You look astonished, and no wonder, Dr. Halifax," she said. "But ah, how naughty you have been to read our secrets." She turned away to speak to another guest. The next moment dinner was announced.

As we sat round the dinner table, we made a large party. Men and women of many nationalities were present, but I quickly perceived, to my own surprise, that I was the guest of the evening. To me was given the terribly doubtful honor of escorting Madam Sorensen to the head of her table, and in honor of me also, English—by common consent—was the language spoken at dinner.

Miss Sorensen sat a little to my left—she spoke gaily to her neighbor, and her ringing, silvery laugh floated often to my ears. There had been some little excitement caused by the bursting of a bomb in one of the principal streets that evening. Inadvertently I alluded to it to my hostess. She bent towards me and said, in a low voice:—

"Excuse me, Dr. Halifax, but we never talk politics in Petersburg."

She had scarcely said this before she began to rattle of some brilliant opinions with regard to a novel which was just then attracting public attention in England. Her remarks were terse, cynical, and intensely to the point. From one subject of interest to another she leaped, showing discernment, discrimination, and a wide and exhaustive knowledge of everything she touched upon.

As I listened to her and replied as pertinently as possible, a sudden idea came to me which brought considerable comfort with it. I began to feel more and more assured that Miss Sorensen's letter was but the ugly result of a mind thrown slightly off its balance. The brilliant company in which I found myself, the splendid room, the gracefully appointed

table, the viands and the wines of the best and the choicest, my cultivated and gracious hostess—Professor Sorensen's worn, noble, strictly intellectual face—surely all these things had nothing whatever to do with treachery and assassination! Miss Sorensen's mind was off its balance. This fact accounted for everything—for the malingering which had taken place on board the *Ariadne*—for the queer letter which she had given to me before dinner. "*When you saw my real name to-day, your doom was irrevocably sealed,*" she said, "*Avoid the seventh step,*" she had continued. Could anything be more utterly absurd? Miss Sorensen was the acknowledged niece of my courtly host—what did she mean by attributing another name to herself?—what did she mean by asking me to avoid the seventh step? In short, her words were exactly like the ravings of a lunatic.

My heart, which had been beating uncomfortably high and strong, calmed down under these reflections, but presently a queer, cold, uncomfortable recollection touched it into fresh action as if with the edge of bare steel.

It was all very well to dispose of Miss Sorensen by treating her wild words as the emanations of a diseased brain; but what about Madam Sorensen? How was I possibly to account for her queer change of identity? I recalled her attitude on board the *Ariadne*. The malevolent glances she had often cast at me. The look on her face that very morning when I had saved her from falling, and picked up the papers which had fallen out of the brass-bound box. She had seen my eyes rest upon the name "Olga Krestofski." I could not soon forget the expression in her cold eyes when I returned her that packet. A thrill ran through me even now, as I recalled the vengeance of that glance.

The ladies withdrew, and the men of the party did not stay long over wine. We went to the drawing-rooms, where music and light conversation were indulged in.

As soon as we came in, Miss Sorensen, who was standing alone in a distant part of the inner drawing-room, gave me a look which brought me to her side. There was an imperious sort of command in her full, dark eyes. She held herself very erect. Her carriage was queenly—the lovely carnation of excitement bloomed on her cheeks, and gave the finishing touch to her remarkable beauty. She made way for me to sit on the sofa beside her, and bending her head slightly in my direction, seemed to invite me to make love to her.

There was something in her eyes which revived me like a tonic.

I felt suddenly capable of rising to my terrible position, and resolved to play the game out to the bitter end.

I began to talk to Miss Sorensen in a gay tone of light badinage, to which she responded with spirit. Suddenly, as the conversation arose full and animated around us, she dropped her voice, gave me a look which thrilled me, and said, with slow distinctness:—

"You Englishmen have pluck—I—I admire you!"

I answered with a laugh, "We like to think of ourselves as a plucky race."

"You are! you are! I felt sure you would be capable of doing what you are now doing. Let us continue our conversation—nothing could be better for my purpose—don't you observe that Hagar is watching us?"

"Is not Madam Sorensen your aunt?" I asked.

"In reality she is no relation; but hush, you are treading on dangerous ground."

"It is time for me to say farewell," I said, rising suddenly to my feet—I held out my hand to her as I spoke.

"No, you must not go yet," she said—she rose also—a certain nervous hesitation was observable for a moment in her manner, but she quickly steadied herself.

"Uncle Oscar, come here," she called out. Professor Sorensen happened to be approaching us across the drawing-room, he came up hastily at her summons. She stood in such a position that he could not see her face, and then gave me a look of intense warning.

When she did this, I knew that the gleam of hope which had given me false courage for a moment during dinner was at an end. There was no insanity in those lovely eyes. Her look braced me, however. I determined to take example by her marvelous coolness. In short, I resolved to do what she asked me, and to place my life in her hands.

"Uncle Oscar," said the young lady, "Dr. Halifax insists upon leaving us early; that is scarcely fair, is it?"

"It must not be permitted, Dr. Halifax," said the Professor, in his most courteous tone. "I am looking forward with great interest to getting your opinion on several points of scientific moment." Here he drew me a little aside. I glanced at Miss Sorensen; she came a step or two nearer.

"You will permit me to say that your name is already known to me," continued my host, "and I esteem it an honor to have the privilege of your acquaintance. I should like to get your opinion with regard to the bacterial theory of research. As I told you on board the *Ariadne* to-day, I have made many experiments in the isolation of microbes."

"In short, the isolation of those little horrors is my uncle's favorite occupation," interrupted Miss Sorensen, with a light laugh. "Suppose, Uncle Oscar," she continued, laying her lovely white hand on the Professor's arm—"suppose we take Dr. Halifax to the laboratory? He can then see some of your experiments."

"The cultivation of the cancer microbe, for instance," said Sorensen. "Ah, that we could discover something to destroy it in the human body, without also destroying life! Well, doubtless the time will come." He sighed as he spoke. His thoughtful face assumed an expression of keen intellectuality. It would be difficult to see anyone whose expression showed more noble interest in science,

"I see all my guests happily engaged," he continued. Shall we follow Dagmar's suggestion, then, and come to the laboratory, Dr. Halifax?"

"I shall be interested to see what you have done," I said.

We left the drawing-rooms. As we passed Madam Sorensen, she called out to me to know if I were leaving.

"No," I replied; "I am going with your husband to his laboratory. He has kindly promised to show me some of his experiments."

"Ah, then, I will say good-night, and farewell. When Oscar goes to the laboratory he forgets the existence of time. Farewell, Dr. Halifax." She touched my hand with her thin fingers; her light eyes gave a queer vindictive flash. "Farewell, or, *au revoir*, if you prefer it," she said, with a laugh. She turned abruptly to speak to another guest.

To reach the laboratory we had to walk down more than one long corridor—it was in a wing at some little distance from the rest of the house. Professor Sorensen explained the reason briefly.

"I make experiments," he said; "it is more convenient, therefore, to have the laboratory as distant from the dwelling-house as possible."

We finally passed through a narrow covered passage.

"Beneath here flows the Neva," said the Professor; "but here," he

continued, "did you ever see a more spacious and serviceable room for hard wark than this?"

He flung open the door of the laboratory as he spoke, and touching a button in the wall, flooded the place on the instant with a blaze of electric light. The laboratory was warmed with hot pipes, and contained, in addition to the usual appliances, a couple of easy chairs and one or two small tables; also a long and particularly inviting-looking couch.

"I spend the night here occasionally," said Dr. Sorensen. "When I am engaged in an important experiment, I often do not care to leave the place until the early hours of the morning."

We wandered about the laboratory, which was truly a splendid room and full of many objects which would, on another occasion, have aroused all my scientific enthusiasm, but I was too intensely on my guard just now to pay much attention to the Professor's carefully worded and elaborate descriptions. My quick eyes had taken in the whole situation as far as it was at present revealed to me; the iron bands of the strong door by which we had entered; the isolation of the laboratory. I was young and strong, however, and Professor Sorensen was old. If it came to a hand-to-hand fight, he would have no chance against me. Miss Sorensen, too, was my friend.

We spent some time in examining various objects of interest, then finding the torture of suspense unendurable, I said, abruptly: "I should greatly like to see your process of cultivation of the cancer microbes before I take my leave."

"I will show it to you," said Dr. Sorensen. "Dagmar, my love, light the lantern."

"Is it not here?" I asked.

"No; I keep it in an oven in a small laboratory, which we will now visit."

Miss Sorensen took up a silver-mounted lantern, applied a match to the candle within, and taking it in her hand, preceded us up the whole length of the laboratory to a door which I had not before noticed, and which was situated just behind Dr. Sorensen's couch. She opened it and waited for us to come up to her.

"Take the lantern and go first, Uncle Oscar," said the young lady. She spoke in an imperious voice, and I saw the Professor give her a glance of slight surprise.

"Won't you go first, Dagmar?" he said. "Dr. Halifax can follow you, and I will come up in the rear."

She put the lantern into his hand.

"No, go first," she said, with a laugh which was a little unsteady. "No one knows your private haunts as well as you do yourself. Dr. Halifax will follow me."

The Professor took the lantern without another word. He began to descend some narrow and deep stairs. They were carpeted, and appeared, as far as I could see through the gloom, to lead into another passage farther down. Miss Sorensen followed her uncle immediately. As she did so, she threw her head back and gave me a warning glance.

"Take care, the stairs are steep," she said. "Count them; I will count them for you. I wish, Uncle Oscar, you would have this passage properly lighted."

"Come on, Dagmar: what are you lingering for?" called the Professor.

"Follow me, Dr. Halifax," she said. Her hand just touched mine —it burnt like coal. "These horrid stairs," she said. "I really must count them, or I'll fall." She began to count immediately in a sing-song, monotonous voice, throwing her words back at me, so that I doubt if the Professor heard them.

"One," she began, "two—three—four—five—six." When she had counted to six, she made an abrupt pause. We stood side by side on the sixth step.

"Seven is the perfect number," she said, in my ear—as she spoke she pushed back her arm and thrust me forcibly back as I was about to advance. At the same instant, the dim light of the lantern went out, and I distinctly heard the door by which we had entered this narrow passage close behind us. We were in the dark. I was about to call out: "Miss Sorensen—Professor Sorensen," when a horrid noise fell upon my eaes. It was the heavy sounds as of a falling body. It went down, down, making fearful echoes as it banged against the sides of what must have been a deep well. Presently there was a splash, as if it had dropped into water.

That splash was a revelation. The body, whatever it was, had doubtless fallen into the Neva. At the same instant, Miss Sorensen's mysterious words returned to my memory: "Avoid the seventh step." I remembered that we had gone down six steps, and that as we descended, she had counted them one by one. On the edge of the sixth step she had paused, had pushed me back, and then had disappeared. The Professor had also vanished. What body was that which had fallen through space into a deep and watery grave? Miss Sorensen's mysterious remark was at last abundantly plain. *There was no seventh step*—by this trap, therefore, but for her interference, I was to be hurled into eternity.

I sank back, trembling in every limb. The horror of my situation can scarcely be described. At any moment the Professor might return, and by a push from above, send me into my watery grave. In my present position, I had no chance of fighting for my life. I retraced my steps to the door of the upper laboratory and felt vainly all along its smooth, hard surface. No chance of escape came from there. I sat down presently on the edge of the first step, and waited for the end with what patience I could. I still believed in Miss Sorensen, but would it be possible for her to come to my rescue? The silence and darkness of the grave surrounded me. Was I never to see daylight again? I recalled Madam Sorensen's face when she said "farewell"—I recalled the passion of dispair in Miss Sorensen's young voice. I had touched secrets inadvertently with which I had no right to meddle. My death was desired by the Invincible and the Merciless—of course, I must die. As I grew accustomed to the darkness and stillness—the stillness itself was broken by the gurgling, distant sound of running water—I could hear the flow of the Neva as it rushed past my dark grave.

At the same moment the sound of voices fell upon my ear. They were just below me—I felt my heart beating almost to suffocation. I clenched my hands tightly together—surely the crucial moment had come—could I fight for my life?

The Professor's thin, polished tones fell like ice on my heart.

"We had better come back and see that all is safe," he said. "Of course, he must have fallen over, but it is best to be certain."

"No, no, Uncle Oscar, it is not necessary," I heard Miss Sorensen say. "Did you not hear the sound—the awful sound— of his falling body? I did. I heard a splash as it fell into the Neva."

"Yes, I fancy I did hear it," answered the Professor, in a reflective voice.

"Then don't come back—why should we? It is all so horrible—let us return to the drawing-rooms as quickly as possible."

"You are excited, my dear—your voice trembles—what is the matter with you?"

"Only joy," she replied, "at having got rid of a dangerous enemy—now let us go."

Their voices died away—I could

even hear the faint echo of their footsteps as they departed. I wondered how much longer I was to remain in my fearful grave. Had I the faintest chance of escaping the doom for which I was intended? Would Miss Sorensen be true to the end? She, doubtless, was a Nihilist, and as she said herself, they received no mercy and gave none. My head began to whirl—queer and desperate thoughts visited me. I felt my nerves tottering, and trembled, for a brief moment, for my reason. Suddenly a hand touched my arm, and a voice, clear, distinct, but intensely low, spoke to me.

"Thank God, you are here—come with me at once—don't ask a question—come noislessly, and at once. I rose to my feet—Miss Sorensen's hot fingers clasped mine—she did not speak—she drew me forward. Once again I felt myself descending the steps. We came to the bottom of the sixth step. "This way," she said, in a muffled tone. She felt with her hands against the wall—a panel immediately gave way, and we found ourselves in a narrow passage, with a very faint light at the farther end. Miss Sorensen hurried me along. We went round a sort of semi-circlular building, until at last we reached a small postern door in the wall. When we came to it she opened it a few inches, and pushed me out.

"Farewell," she said then. "I have saved your life. Farewell brave Englishman."

She was about to shut the door in my face, but I pushed it back forcibly.

"I will not go until you tell me the meaning of this," I said.

You are mad to linger," she replied, "but I will tell you in a few words. Professor Sorensen and his wife are no relations of mine. I am Olga Krestofski, suspected by the police, the owner of important secrets; in short, the head of a branch of the Nihilists. I shammed illness, and assumed the name under which I travelled, in order to convey papers of vast importance to our cause, to Petersburg. Professor Sorensen, as Court physician, has not yet incurred the faintest breath of suspicion—nevertheless, he is one of the leaders of our party, and every individual with whom you dined to-night belongs to us. It was decreed that you were to die. I decided otherwise. There was, as you doubtless have discovered, *no* seventh step. I warned you, and you had presence of mind sufficient not to continue your perilous downward course beyond the edge of the sixth step.."

"But I heard a body fall" I said.

"Precisely," she replied; "I placed a bag of sand on the edge of the sixth step shortly after my arrival this morning, and just as I was following Professor Sorensen through the secret panel in the wall into the passage beyond, I pushed the bag over. This was necessary in order to deceive the Professor. He heard it splash into the water, and I was able to assure him that it was your body. Otherwise he would inevitably have returned to complete his deadly work. Now, good-bye—forgive me, if you can."

"Why did you bring me here at all?" I asked.

"It was your only chance. Madam Sorensen had resolved that you were to die. You would have been followed to the ends of the earth—now you are safe, because Professor and Madam Sorensen think you are dead."

"And you?" I said, suddenly, "If by any chance this is discovered, what will become of you?"

There was a passing gleam of light from a watery moon—it fell on Miss Sorensen's white face.

"I hold my life cheap," she said, "Farewell. Don't stay long in Petersburg."

She closed the postern door as she spoke.



ALWAYS SO WITH THE FIRST.

"It's a boy," gleefully shouted Mr. Tadly, rushing violently into the bank. "Here!" he continued, slapping $10 down on the counter, "start him a bank book, will ye? I mean to add to it every year—call it my fresh heir fund."

IGNORANT OF THE FIRST PRINCIPLES.

"No, suh," contemptuously observed Col. Allgore, "I have no use for that man as a physician, suh. I gave him his walking papers, begad, suh, when he advised me to use a tonic once or twice a day of a small quantity of whiskey mixed with—mixed with—let me see what was it? O, yes, I remember—mixed with water!"

AN EARNEST WARNING.

A Little Valley (Montana) rancher put up the following notice on the fence which incloses his grain field: "If any man's or woman's cow or horse breaks through this fence and destroys this grain, his or her tail shall be cut off, as the case may be. I'm a Christain man, but d—n any one that lets their critters run loose o' nights."

SKILLED LABOR.

Puck.—"Friend, I'm told that most prescriptions cost little or nothing to make up."

Druggist—"Yes; but we charge for deciphering the penmanship and translating the Latin."

THE CHEERFUL IDIOT.

"Who knows what the death rate is here?" asked the statistical boarder.

"Why," gurgled the cheerful idiot, "anybody ought to know that there is one death apiece for every inhabitant."

The statistical boarder began some remarks on the subject of the cheerful idiot's grammar, but the mad rush for strawberries drowned his voice in the clamor.

The New Governess—"What are the comparative and superlative of bad, Berty!"

Berty (the doctor's son)—"Bad—worse—dead!"

Sir John Macdonald was at a reception in the west, and a bishop from Belgium was present. As the party was being escorted by a body of men in Highland costume, the foreign bishop, seeing the bare legs and kilts, asked why these men were without trousers. "It's just a local custom," gravely replied Sir John. "In some places people take off their hats as a mark of honor to distinguished guests; here they take off their trousers."

"Why," asked Dismal Dawson, leaning over the fence, "why do you keep on diggin' when the boss ain't round?" "Because I really like the job," said the new farmhand. "Got a real likin' for work?" "Sure." "You'd orter take treatment."

DELAYED JUSTICE.

"Madam, that little thief of yours stole a box of candy from me.

"Never mind, my good man. He'll get no medicine when he has the stomach ache."

Mother—"You are at the foot of the spelling class again, are you?"

Boy—"Yes'm."

Mother—"How did that happen?"

Boy—"Got too many z's in physic."

A Dublin doctor lately sent in a bill to a lady which ran thus: "To curing your husband 'till he died."

"Doctor, what would you prescribe for seasickness?"

"Spending the summer at home."

If women's sleeves get much bigger than they are now it won't be necessary for them to wear anything else.

That the potato bug was worried was not lost upon his devoted wife. "What," she asked tenderly, "is the matter?"

The insect averted his head. "I will not tell her," he muttered, "at least, not now. Perhaps I may keep it from her that the pure food people regard the festive tuber as deleterious."

Magistrate—"If you were there for no dishonest purpose, why were you in your stockinged feet?"

Burglar—"I heard that there was sickness in the family, your worship."

Visitor (at blind asylum). "I thought this institution was for both sexes, but I see only men here. Have you no female inmates?"

Matron—"Oh, yes; but they've all been rented out for chaperons."

Young Mother—"Wake up! Quick Quick! You must run for the doctor."

Young Father—"Eh? What is the matter?"

Young mother—"Baby has stopped smiling in her sleep."

Extract from an essay written by Willie Jimpkins: "Man has two hans, one is the rite han, and one is the left han, the rite han is fur ritin and the left han is fur leftin, both hands to once is fur stummik ache."

"Well, Miss Vassare, I suppose you are busy on your graduating essay?"

"Yes."

"What is your subject?"

"The Comparative Merits of Bonaparte, Trilby and Bicycling."

One little, two little, three little Clevelands.
Three little, bright little, cute little Clevelands;
Wonder 'f there'll be any more Clevelands,
More little Cleveland girls?

The proprietor of a certain patent medicine recently received the following letter, post-marked Sing Sing:

Dear Sir: This will let yu no wot yure Sarsaparilla has dun fur me before takin it i did not like wurk i had that tired feelin and culd not bear the site of water it is now tu months since i taken yure 8 bottles and i wurk every day and wash myself with water. Yures truly,

THOMAS TATTERS.

i furgot somethin this is wot it is i have 4 months more pleas get me out i read every nite in yure almanac.

REPRESENTATIVE PRACTITIONERS.

[*Sixth Group.*]

The Group of Representative Practitioners is made up this month of members of the medical pcofession in Iowa, with two from Minnesota. We have thus far been able to secure no more excellent delegation from any state. Iowa is a great commonwealth. She has between three and four thousand representatives of the medical profession within her borders. We have been able to cover only about one-half the territory thus far. Our next group will also be composed of doctors from different sections of the same state. The success of our illustrated groups becomes more apparent each month. We are compelled to condense for more than we wish to do the biographical sketches. Many of the faces you see in the present group are those of men who have had a great part in the splendid development of Iowa, and deserve a greater place in history than we are able to give them here. So far as we can judge there is not one of them all who is not manfully carrying on the work that the pioneers are now too rapidly giving into the hands of younger and stronger men. If there is any exception to the rule we do not know it, and can but regret it. Nothing can be farther from our intention than to lend ourselves to the aggrandizement of any man who disgraces his calling, or the name of the medical profession by incorporating his picture among his betters. The following is in briefest possible terms the record of each.

1. H. S. Raymer, M. D., Cedar Rapids, Iowa, is a native of Illinois, born in 1857. He graduated at the Northwestern College, Illinois, in 1881, and from the Chicago College of Physicians and Surgeons in 1883. He was for a time a pupil of the distinguished Dr. Nicholas Senn, in Milwaukee. In 1885 began practice in Cedar Rapids, where he now holds an enviable position, professionally and socially. Dr. Raymer is a member of the American Medical Association, Iowa State Medical Society, of the Staff Saint Luke's Hospital, and secretary Cedar Rapids Medical Society, and Iowa Union Medical Society.

2. Dr. W. B. Steere, Des Moines, Iowa, began the study of medicine in 1849. Studied at University of Michigan, graduated in Philadelphia in 1862. Dr. Steere has practiced medicine in several states, Michigan, Indiana, Illinois, Minnesota, Dakota, and Iowa. In 1886 he was elected to the chair of obstetrics in Iowa Eclectic Medical College, and since that time has resided in Des Moines, where both as a teacher and practitioner he has achieved marked success.

3. C. J. Chinn, M. D., of Eldridge, Iowa, is another native of Illinois. He is a self-made man. While yet a boy entered the army, and followed Sherman to the sea, was twice wounded. He graduated from the College of Physicians and Surgeons at Keokuk, and located immediately at Idridge, where he now has an excellent practice.

4. Dr. David T. Rickey, died May 16th, 1895, at Ferguson, Iowa. For

more than fifty years he practiced medicine in Iowa. He was a pioneer In the early days it was not an uncommon thing for him to ride seventy-five miles to visit a single patient. He served as assistant surgeon of the thirteenth Iowa infantry throughout the war. We are glad of an opportunity to pay a tribute of respect to one who so long and so faithfully did his great part in the up-building of the golden west.

5–6. Drs. Lewis C. S. Turner and A. B. S. Turner, his wife and active partner. Both are natives of Iowa. Both taught school in their younger days. Both graduated from the same medical college, and each is about equally responsible for the excellent practice they have built up at Colfax, Iowa, where they have lived since 1884. They devote their attention largely to electro and hydro-therapy.

7. B. G. Neal, M. D., of Columbus Junction, Iowa, is a native of Missouri, and brought up in Texas. Like many another successful professional man, he began life as a printer. He took his course in medicine at Rush College Chicago, from which he graduated in 1856. Success has attended his efforts to a marked degree.

8. A. Roberts, M. D., Attica, Iowa, was born in Ohio in 1832. His attention was early directed to medicine on account of being afflicted with rheumatism. After three years close reading with several of the distinguished physicians of that time in Ohio, he began practice in Ohio. Dr. Roberts removed to Iowa in 1864. He was mayor of the town of Marysville for one term.

9. J. V. Bean, M. D., Fairfield, Iowa, was born in Pa. and reared in Ohio. He is a graduate ot Bellevue Hospital Medical College, class 1868. His first practice was seen as acting assistant surgeon U. S. Army in Department ot Dakota. Since 1870, with the exception of three years, Dr. Bean has been practicing medicine in Iowa. He is an uncompromising defender of the Code of Ethics. At present he lectures on Anatomy, Physiology, and Hygiene, in Parsons College at Fairfiild.

10. Dr, W. Hippee is a Buckeye, born in Canton, Ohio, in 1834. He graduated from Wittenberg College in 1861. He attended Bellevue Medical College and later graduated from College of Physicians and Surgeons of Keokuk. Dr. Hippee resides in Des Moines.

11. James McCortney, M. D., of Davenport, Iowa, was born in Pennsylvania seventy years ago. For forty-two years he has been practicing medicine, thirty-nine of them in Davenport. Dr. McCortney is a graduate of the Western Reserve Medical College. Some of the remarkable incidents of Dr. McCortney's career are printed elsewhere in this JOURNAL. There are few men who have practiced medicine in Iowa longer than the subject of this sketch, and none who have been a greater credit to their profession.

12. Morris L. Davis, M. D., of Agency, Iowa, is a graduate of Wyoming College, Pennsylvania and New York University Medical College, Starling Medical College, Columbus. Ohio, and has taken private courses under

the most distinguished men of our time. To him much credit belongs, for the success he has achieved. He says: "I was left poor at the age of ten years without a father, with two brothers and two sisters younger than myself. The fight has been a fierce one." Dr. Davis was a soldier for four years. He has been practicing now for twenty-one years.

13. John L. Wolf, M. D., Cedar Falls, Iowa, graduated from the Georgia College of Eclectic Medicine in 1860, enlisted in the army the following year. In 1865 he was discharged from the United States Medical Service at his own request. For the last twenty years he has been practicing in the west with success. He says: "I am sixty-three years of age, but feel as young as I did at forty, a result of regular habits, and absence of whisky and tobacco.

14. C. W. Kinckerbocker, of Charles City, Iowa, is now thirty-seven years of age. He graduated from medical college in 1882; has served as coroner and pensioner examiner. As his name indicates he is a descendent of the old New York family of Hollanders.

15. Herbert Morey, M. D., Alta, Iowa, is a native of Lynn, N. H. Acquired his medical education at "grand old Dartmouth." He has now been in the active practice of medicine for sixteen years. By constant attention to business Dr. Morey has built up an excellent business, and has acquired a competence. He has a fine home, and is surrounded by many comforts.

16. E. S. Lawrence, M. D., Ph. G., was born in Waterloo, Iowa, in 1862. He graduated from Medical Department Uniuersity of Iowa, 1887, also Medical Department Drake University, 1890. He was demonstrator Anatomy Iowa College Physicians and Surgeons for two years. He resigned this honorable post that he might have more time to devote to his practice.

17. J. L. Stone, M. D., Burlington, Iowa, is a New Yorker who has lived in Iowa for more than fifty years. He graduated from the Medical Department University St. Louis in 1854, practiced at Iowa City for six years, then entered the army, serving until 1865. In the fall of that year he located in Burlington, where he has since resided, and where he enjoys the confidence and respect of a large circle of friends and patients.

18. Dr. Joseph P. Claybaugh, of Creston, Iowa, was born in Finlay, Ohio, in 1853. In 1883 he graduated from Rush Medical College. Since then with the exception of three years spent in Colorado he has practiced fn Iowa, five years at Emerson and four years at Creston. Dr. Claybaugh has had his own way to make in the world unaided, and deserves the success he is now winning.

19. James W. Dalbey, M. D., of Cedar Rapids, Iowa, is one of the most promising young physicians in the state. He is thirty-two years old. After studying medicine two years at University of Michigan, he graduated from the College of Physicians and Surgeons, New York City in 1888. He then spent one year in the close study of the eye, ear, nose, and throat.

In 1889 he located in Cedar Rapids. The same year was appointed lecturer in Ophthalmology and Otology in Medical Department State University. Two years later was elected professor of these branches. Dr. Dalbey is on the staff of several hospitals, a member of a nnmber of medical societies and enjoys to an unusual degree the confidence of the community in which he is known.

20. L. U. Singer, M. D., Clearfield, Iowa, is a native of Ohio. Worked his way through college. Graduated Jefferson Medical College, Philadelphia in 1880. Began practice in a then, new prairie town in southern Iowa, has staid by it and grown with it, and has now an excellent practice. Dr. Singer has been coroner and health officer and is now surgeon of the H. & S. railroad.

21. Dr. J. R. Cady, of Avery, Iowa, was born and raised on an Illinois farm. He graduated from Medical College of Ohio, in 1875. For twelve years he practiced at his old home. He then removed to Iowa wnere he has a good country practice.

22. R. W. Chapman, M. D., Des Moines, is a native of Ohio, born in 1837. He has made his own way in the world. He served as a soldier in the late war. In 1869 begun practice in Illinois, removed to Iowa in 1885, where he has gained success to a marked degree. He ie a member of the Iowa State Medical Society. Is president of the State Pension Board of Examiners. He has acquired a fine property, his home being a very handsome one. Dr. R. W. Chapman is one of five brothers who chose the profession of medicine.

23. Roger N. Cresap, M. D., Bonaparte, Iowa, is a native of Iowa, thirty-eight years of age. He worked as a telegrapher until twenty-three years of age, when he began the study of medicine at the Kansas City Medical College. He graduated with first honors. He practiced several years in Kansas City with a good degree of success in spite of increasing ill health. In 1892 he returned to Bonaparte, Iowa, where he has succeeded particularly well. He is county coroner, and a member of several societies. Dr. Cresap occasionally writes papers on medical subjects for publication.

25. Dr. J. H. Brower, of Hawarden, Iowa, is a graduate of the Medical College of Ohio, class 1877. He began practice the same year in Central Iowa, removing to Sioux County in 1881, where he still resides. Dr. Brower is well acquainted with all the hardships incident to a practice in a new country. He says, speaking of the changes he has seen: "Things are better now and I enjoy the ordinary comforts of life in a prosperous Iowa town and country."

26. J. R. Rickey, M. D., of Clarinda, Iowa, is the Nestor of this group. He is eighty years old, has practiced medicine fifty eight years most of the time in Iowa. Dr. Rickey is the inventor of an operating table that has met with the approval of many surgeons and gynecologists.

27. E. H. Hazen, M. D., Des Moines, Iowa, is a native of Elyria, Ohio, now sixty-one years old. Received his early education at Oberlin. His

first course in medicine was taken at the University of Michigan in winter '60 and '61. Dr. Hazen then went into the Union army, staying in the hospital service until the end of the war. He then resumed his studies at the Charity Hospital Medical College (now Western Reserve Medical College) at Cleveland, where he graduated in 1866. He first practiced in Buffalo, N. Y. He then removed to Davenport. Iowa, where he made a specialty of the eye and ear. In Davenport he remained nearly twenty-five years. In 1891 he removed to Des Moines and held the chair of Ophthalmology and Otology in the Medical Department of Drake University. Dr. Hazen has spent four winters in New York in the interest of his specialties. In 1872 he visited the hospitals of London and Paris. He was a member of the Ophthalmological and Otological Congresses of 1876 and is now a member of the American Medical Association, State Medical, and several district medical societies.

28. Dr. Frank Hansen, of Chester, Iowa. This picture is sent us by F. Freemire, M. D., also of Chester, and is published with Dr. Hansen's consent. Dr. Hansen is now twenty-five years of age, is well educated, and bright. He begins his professional career with flattering prospects of success.

29. Wm. Cutch, M. D., of Albia, Iowa, was born in 1824. He graduated from Medical Department of Western Reserve College. He has been in active practice for forty-seven years with the exception of six months spent in Europe and southern California.

30. Donald Macrae, M. D., Council Bluffs, Iowa, son of the Rev. Donald Macrae. Free church minister, Kilmory, Arraw, Scotland, graduated from University of Edinburgh 1861. After hospital attendance and acting as an assistant for a year and a half, he joined the Cunard Line of Steamers as surgeon, and made seventy five trips across the ocean in that capacity. In 1867 he married the daughter of the late Hon. Joseph Bouchette, surveyor-general of Canada, and immediately settled in Council Bluffs, where he has since resided. Dr. Macrae has identified himself with this country in all matters civic and medicinal in a particularly active life. He is a member of the American Medical Association, Ex-president Iowa State Medical Society, was the first president of the Medical Society of the Missouri Valley, Vice-president of the Surgical Section of the International Medical Congress, held in Washington, D. C.

He is at present professor of railroad and clinical surgery in the Omaha Medical College, and secretary of the Board of Pension Examiners in Council Bluffs. He has one son, Dr. Donald Macrae, Jr., who is associated with him in practice. Dr. Macrae has served one term as mayor of Council Bluffs.

31. Thomas D. Hulme, M. D., Commerce, Iowa, was born in Cheshire, England, in 1842. Early emigrated with his family to New Brunswick, but they staid only a few years. In 1858 young Hulme again visited America. Returning the next year he took up the study of medicine, and

became a full-fledged M. D. in 1863. He practiced for some time in England, holding a government position. In 1868, he came to Des Moines and has since resided in Polk Co., Iowa, though has spent much time in traveling over the United States. He is interested in mining enterprises.

32. M. G. Sloan, M. D., Dexter, Iowa, is a native of the state born in 1848. He graduated at Rush College in 1873. Since 1880 he has resided continuously at Dexter, where he has an excellent practice. Dr. Sloan is member of several medical societies. Among them, the American Medical Association, Iowa State Medical Society, Dallas County Medical Society. He has performed nearly all the major surgical operations.

33. Dr. James C. Robertson, Council Bluffs, Iowa, was born in Iowa in 1845, was brought up oh a farm, graduated in 1873 from the Medical Department State University. After practicing for a few years at his old home in Washington county in 1882, he entered Bellvue Hospital Medical College and took his degree there in 1883. Dr. Robertson takes an active part in medical societies. He is a member of the following. The American Medical Association, the Iowa State Medical Society, Missouri Valley Medical Society. He began practice in Council Bluffs in 1887.

34. Asa Horr, M. D., Dubuque, Iowa. The sketch of Dr. Horr came too late to receive more than passing notice. He is a native of Ohio, born in 1817. In his youth he saw many ups and downs. He graduated from the Western Reserve Medical College in 1846. He removed at once to Dubuque where he has resided ever since. He has held many prominent official positions, is a member of numerous medical societies, has been a leader in many advance movements particularly that of spelling reform, was the first to use anæsthetics in Dubuque.

35. F. B. Warnock, M. D., Battle Creek, Iowa, was born in Iowa in 1859. Graduated from Medical Department Iowa State University in 1882. Took post-graduate course in New York. He has practiced from the start in Battle Creek where he has met with constant and growing success.

36. Frank W. McCanon, M. D., Des Moines, Iowa, is also a native of Iowa and received all of his education in his native state. He was born in 1860. He graduated from medical college in 1883. After two sessions at Medical Department Drake University and one at Keokuk Medical Cotlege, he practiced successfully for some years in Cedar Rapids, where he was coroner for two terms. In 1891 he removed to Des Moines and now devotes himself to cases of hernia almost exclusively meeting, it is said, with a marked degree of success.

37. A. M. Cook, M. D., Minneapolis, Minn., was born in 1852, in Indianapolis. When twenty-two he graduated from Bennett Medical College. Began practice in Minneapolis in 1858. For ten years he published the *Minneapolis Medical Mirror*. In 1893 he built a hospital. He devotes himself chiefly to surgery and gynecology.

38. Dr. James H. Dunn, Minneapolis, Minn., born in Ft. Wayne, Ind., in 1853. Removed with family to Minnesota in 1855, graduated from

Medical Department University of N. Y. in 1878. He took two years post graduate course in Vienna and Heidleberg. He is now professor of Genito-urinary and assistant professor of Clinical Surgery Medical Department University of Minnesota. He is president of Minnesota State Medical Association, member of Academy of Medicine, American Medical Association, etc.

39. G. R. Neff, M. D, of Farmington, Iowa, was born in Ohio in 1846, removed to Missouri in 1855, and from there to Farmington, Iowa, ten years later. Dr. Neff graduated from the College of Physicians and Surgeons. Keokuk, Iowa, in 1870. He practiced first in Missouri for twelve years, and since then in Farmington, where he has met with more than average success. He is a member of several societies.

THE VAGINA INJECTOR.

By G. W. King, M. D., King's Station, N. Y.



The Vagina Injector (shown by the above cut) has been proven, by several years use, to be one of the very best ever invented. It is simple, safe and durable; and it conveniently does a thorough work. It will hold a wash or cleanser upon the mouth or neck of the womb, or any part of the vaginal membrane, for any desired time. It dilates the vagina, detaches matter hidden in its folds and allows such matter to pass out through the open tube. It is not reasonable to medicate a vagina without cleansing it, and, positively, it can not be cleansed by merely forcing a liquid into it, without rubbing, and at the same time, without allowing the impurities a free outlet.

In a case of uterine or vaginal hemorrhage this vagina injector will hold an astringent or antiseptic injection in the vagina until it acts. Of course, the instrument does not enter the uterus, but the injection which it holds at the mouth of the organ will be carried where it gives evidence of doing a good work. Severe cases of flowing have been checked by holding merely a strong solution of chloride of sodium, for half an hour, to the mouth of the womb,

sometimes repeating the injection every thirty minutes for a few times. It has long been claimed that common salt, taken into the stomach, "often proves successful in stopping the flow of blood" from the lungs; and surely, there is a greater opportunity for the direct action of a medicine within the womb, that is held at its mouth, as it conveniently is with the vagina injector.

The vagina injector allows great economy in the use of medicine, as it puts and holds the injection where it is needed, and never forces it outside the vagina. It ought to be seen that a few teaspoonfuls of retained medicine will have a better chance to act than a large quantity that is immediately discharged. Also, two ounces of a cleansing fluid, thoroughly, properly and conveniently applied as it can be with the vagina injector, will do more good than two gallons of the same kind of fluid, applied in the manner of rinsing or as a douche.

THE EFFECT OF EXERCISE ON THE MIND.—But does the good effect of exercise end in the body? Is that simply larger and stronger? The mind, too, has its share of good. In the first place, the brain and nervous system are supplied with blood and more of it. The repair of the waste is more completely made. This of itself is one great gain. But in all use of the voluntary muscles there is, as the term implies, a necessary putting forth of will. The mind is exercised while the body works. And this is especially true in all exercises which require skill, in which the mind has an object to gain through the skillful use of the body. This mental element comes in very early in a child's life—as, for instance, in learning to walk, to swim, or to write. All through the years of childhood it accompanies motions in games, most mind being required in those games which require most skill. So those gymnastic exercises which call for combinations of muscles in action, and need quickness and exactness, are more useful for the majority of children and men than those requiring the use of strength alone. For, to attain success in games or exercises of skill, not only quickness of body is needed, but an alertness of mind, and often, too, quickness of the senses of sight and hearing. This mental element in certain athletic games explains, in a measure, their fascination. They furnish an exercise not for the body alone, but for the whole man—every part of his being, including his mind, his social nature, and even his moral nature, coming into play.—*From the Physical Element in Education, by* PROF. E. L. RICHARDS, *in the Popular Science Monthly for August.*



[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

The Shrieking Sisters.

There is a class of people whose own business is their last and least concern. Someone has aptly called them the "shrieking sisters, male and female." They are generally people of no importance. Their consuming desire is to hold a conspicious place in the public gaze, limited by their different ideas of what constitutes conspicuousness. As a rule, the women, who belong to their class, neglect their children, are shiftless housekeepers, and poor wives generally. The men of the "sisterhood," are more worthless, if possible, than the women. You can some times tell them by their long hair and whiskers. They have "wheels." They are the reformers who never reform, distressed at the mote in their neighbor's eye, unmindful of the beam in their own. The world would be a wretched place if their crazy notions were executed. Total abstinence has been one of their pet hobbies. There are numberless others, most of them with less excuse than that. Of late a favorite theme in some quarters for their hypocritical prating has been the alleged cruelty exercised by doctors who pursue investigation by means of vivisection. And such a commotion have they created that this necessary and most fruitful source of knowledge has become unpopular. Most doctors meet with the charge of needless cruelty on the part of the profession in their daily rounds, and it is necessary, for many reasons, to combat the false impression. We are glad that we can put in the hands of our readers such an intelligent, good-tempered defense of this method of investigation as that recently published by the faculty of the Harvard Medical school, found elsewhere in this JOURNAL. The arguments there advanced will convince every intelligent person that

vivisection is not only, not cruel, but is a most necessary source of knowledge to the doctor, and fruitful of nothing but good to humanity.

This statement will be a great relief to all kinds of feeling on the subject and will probably cause the great majority of good people to dismiss vivisection as a matter requiring public interference, altogether from their minds, leaving the agitation for the prohibition of vivisection to that order of minds that are for prohibition of the use of alcohol and for abolition of vaccination, of the use of meat for food and of the Roman church.

The character and standing of the medical men whose names are given as responsible for this explanation to the public forbid any questioning of its statements of facts. It appears, then, that the dreadful experiments on living creatures which form the body of the harrowing books and pamphlets circulated by the anti-vivisection society, are no part of the practice. And it is hoped that this admirable defense will prove an effectual quietus for a long time to come to meddling paternalism in this particular direction.

* * * *

Godly Wrath. There has been a fearful epidemic of typhoid fever in Stamford, Conn. The supposed cause has been traced to a certain milkman who washed his cans in foul water, swarming with bacteria. It does not appear in evidence that he diluted his milk with it. The Rev. Dr. Vail, disgusted with the pitiful "dolessness" of the local health officers preached on the subject and the following is a part of what he said:

(He preached from Matthew viii., where, in brief narrative, is related the healing of a fever-stricken patient in Peter's household.)

"So there were fevers in the city of Capernaum on the edge of the Sea of Galilee nearly nineteen hundred years ago, just as to-day there are fevers in Stamford on the borders of Long Island Sound. Whether the first was epidemic we are not told. Nor are we informed whether it was the villainous greed of some Galilean milkman who watered his milk from a foul well, and who by this pestilential process was enabled to sell a larger supply than he received originally from the cows. Had this been the case, however, the authorities of Capernaum would undoubtedly have given the miscreant a bath of boiling oil with the utmost promptitude, or have removed him from the city limits clothed in raiment composed of feathers and tar. Either punishment would have been appropriate, and neither would have been too severe."

Dr. Vail is criticized in some quarters for his "unchristian" suggestions, but we think that he deserves the moral support of every right thinking person who realizes the wickedness of the criminal neglect that involves a city in disease and death. Above all others the medical profession shout "amen" to his stirring words, for we best of all appreciate the enormity of the crime committed.



[The publishers of this Journal, and they only, are responsible for what they from time to time disclose under the "Search-Light." The editors will as heretofore confine their attention to the discussions from a medical standpoint of questions of professional interest. The editors neither write nor edit matter under this caption.].

Gathering Storms.

In removing from its pages the *Search-Light*, this JOURNAL did not recede from its original determination to denounce and expose fraud, blackmail and hypocrisy on the part of a self-constituted, self-appointed clique in the profession who have arrogated to themselves a censorship over the conduct of all members of the profession, but who are really clanned together as a disguised labor organization and bound to each other simply by rascality, deceit, a desire to suppress the young men of the profession, and a determination to advance their own selfish interests at all hazards, regardless of the welfare and utterly heedless of the life or death of their patients, and the interests of the profession at large. The *Search-Light* was discontinued for a brief time, simply to enable these thoroughly frightened scoundrels to regain their self-confidence, and finally hang themselves with a rope of their own making. The JOURNAL has no complaint against labor organizations as such, but it has nothing but contempt for the pompous sneaks that constitute a minority of the medical profession, and who have banded themselves together into an organization that is simply and purely a labor organization disguised as a philanthropic and ethical institution. The disreputable organization referred to, whose covert purpose is to scab and boycott the great liberal majority of the medical profession, has its head in Philadelphia and its slimy tentacles in every metropolis in the country. By the temporary retirement of the *Search-Light* the JOURNAL has accomplished its object. If the information that has been placed thus far in its hands by members of the news-

paper fraternity, by the heads of great institutions, by private and hospital nurses, by members of police departments, by private detective agencies, by members of the bar and bench, by deceived and defrauded patients, and by the innocent victims of malpractice and abortion are demonstrated, as now seems probable and almost certain, to be capable of proof in a criminal court, this JOURNAL will have a story to tell in the near future in reference to the practices of a round score of the leaders of these boycotters in Philadelphia and elsewhere, that will once and forever damn this organization and every active member of it.

The obsequies of this organization of cowardly "scabbers" and boycotters are at hand.

This time we mean a battle to the finish, and we are after the big scoundrels with national reputations.

Watch for the *Search-Light.*

THE HEART AND THE CYCLE RIDER.—There are further injuries done to the youth, male or female, through other organs of the body and especially through the heart. Dr. Kolb, as well as myself, has found that it is the heart which is principally exercised during cycling. So soon as brisk cycling has commenced the motions of the heart begin to increase. In this respect cycling differs from many other exercises. There is not a cycle rider of any age in whom the heart is not influenced so as to do more work. I have known the beats of the heart to rise from 80 to 200 in the minute, in the first exercise of riding, an increase which, for the time, more than doubles the amount of work done—a very serious fact when we remember that the extreme natural motion of the heart allows it to perform a task equal to raising not less than 122 foot-tons in the course of 24 hours, that is to say, over 5 foot-tons an hour. In the young we may apply the same argument to the heart as we have done to the skeleton; the heart is undergoing its development, and it is an organ which cannot without danger be whipped on beyond its natural pace. What occurs with it under such circumstances is that it grows larger than it ought to grow, that it works out of harmony with the rest of the body, and is then most easily agitated by influences and impressions acting upon it through the mind.—SIR BENJ. W. RICHARDSON, in *North American Review for August.*

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *AUGUST, 1895.* *No. 8.*

Editorial.

An Out-of-Place Topic.

The list of books offered as premiums to new subscribers on one of the advertising pages of this JOURNAL, represents a collection of unusually good ones. We do not know of another list of an hundred books that contains so many that are deserving the perusal of every well-educated man, and worthy a permanent place on his book-shelves. In regard to Dr. King's "Stories of a Country Doctor" also offered to new subscribers, we have only to say that every doctor who has not yet read it is to be congratulated on the pleasure that is in store for him.

We do not often intrude the subject of our premiums to new subscribers into our editorial department. It is not the place for it. Readers, as a rule, are subscribers, and have a right to expect to be excused from the commercial element of the JOURNAL. But when all is done and said we are all of us dependent one on the other. Each lives and thrives by the grace of his fellows. If you, who are reading this, will mention to some friend in the profession, our inducements to new subscribers, will show them your JOURNAL or recommend them to write us for a sample copy, it will be a kindness to us; and, while we may not know that we are indebted to you individually, you will not be without your reward in the consciousness of having to your credit one more fulfillment of the golden rule, which is, we think, the only true, unvarying code of ethics.

* * * *

Sept. Menu.

The September issue of the JOURNAL will be a good one. It will contain an article by Dr. Ben. H. Brodnax, on "Coal Oil, Some of its Uses," brim full of practical suggestions, and good common sense. Another of Dr. James L. Neave's absorbingly interesting articles relative

to "An Agency Physician's Experience Among Frontier Indians." Dr. Neave was located for a number of years at Fort Berthold, N. D. in the early days. He writes from personal observation, most entertainingly of a time that already belongs to the past. The articles already contributed by him to the JOURNAL have been a source of pleasure and profit to our readers and have been widely copied, both by the medical and secular press. His next article is written in his best form, and is of more than usual interest.

A paper by W. C. Dugan, M. D., of Louisville, Ky., read before the Louisville Clinical Society, subject, "Operation for Appendicitis in the Quiescent Stage," with a discussion of the subjects. Dr. Dugan's article will also be a feature of the September issue.

It merits special attention as it advances a theory for the treatment of appendicitis, which although common in England, is as yet little in vogue in this country.

Dr. C. Halifax contributes one of his splendid medical stories, entitled "The Red Bracelet." It deals with hypnotism, and even Dr. Halifax has never written a more intensely interesting and exciting story.

This is only a part of the September program.

ANTIKAMNIA — QUININE — SALOL. — The well-known therapeutical properties of these drugs make this combination desirable in such intestinal affections as Fermentative Dyspepsia, Diarrhœa, Dysentery, Duodenal Catarrh, Cholera Infantum, and Typhoid Fever. The Antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system and places it in a much better position for recovery. The Salol acts as an antiseptic and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The Quinine acts as a tonic, increasing the appetite, and thus contributing much to a speedy recovery. Hare says that Quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet composed of Antikamnia two grains, Quinine Sulph. two grains, and Salol one grain, allows of the easy administration of these drugs in proper proportionate doses.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

THE mistake of a druggist cost a valuable life at Cherry Vale, Kan., recently.

W. H. SCHEFFELIN, senior partner of the well-known firm of Scheffelin & Co., died in New York, June 21st, last.

ATLANTA, GA., has a real Chinese drugstore. It will be one of the sights during the coming exposition to be held there.

DR. HANNOCK, of Jeffersonville, Ind., has been sued for $10,000 for failing to attend Elizabeth Runyon, who recently died of small-pox.

ON June 29th Mayor Strong, of New York City, appointed Dr. Geo. F. Fowler, health officer in the place of Dr. Cyrus Edson "resigned."

THERE is a street in the aristocratic portion of the city of Canton, China, called "Physic Street." It is the abode of the wholesale druggists.

THE wife of Dr. W. W. Kinkead, of Chattanooga, Tenn., suicided July 18th. An immense sensation was created by the most unfortunate affair.

DR. THAD. A. REAMY, of Cincinnati, is attending the annual convention of the Beta Theta Pi fraternity, of which the distinguished Cincinnatian is president,

A. DIVILISS, M. D., of Toledo, O., has our thanks for an appreciated favor rendered early in July. Dr. Daviliss is one of the prosperous physicians in his community.

JOHN F. NEAL, M. D., one of our Texas friends and supporters has recently removed from Copperas Cove to Georgetown in that State. The JOURNAL wishes him abundant success in his new field.

DR. POWELL, superintendent of the asylum at Milledgeville, Ga., says that 300 insane persons are lying in county jails in the state, waiting for room to be made for them at the asylum.

A. S. ABSHIRE, M. D., recently of Jumping Branch, Summers county, W. Va., has removed to Crow, Raleigh county, in the same State, whither our best wishes for his success and the JOURNAL follow him.

DR. GEORGE N. THOMSON of, Boston, died July 13th, aged eighty-two years. Dr. Thomson was the oldest living of the alumni of Columbian University, Washington, D. C., and had been in practice in Boston over fifty years.

IN the president's address, delivered before the Kentucky State Medical Society, at Harrodsburg, June 12, 1895, Dr. J. B. Marion said: "If the known truths of preventive medicine were applied the death rate would be diminished one half."

DR. BENJAMIN MACKIE, aged 50, a surgeon in the United States Navy, with the relative rank of Lieutenant Commander, was found dead July 25th, in the library at his residence in Philadelphia, with a bullet hole through his head. The case is one of suicide. There is no known reason for the act.

R. M. HOLLINGSWORTH, M. D., for some time editor and manager of the *Journal of Materia Medica*, has resigned that position, and it is understood, will devote his time and energies to the manufacture of pharmaceutical preparations in the future.

THE reliable firm, Bellings, Clapp & Co., of Boston, are now placing on the market "Ideal Tablets," root beer, orange phosphate, etc. The receipt, "Dissolve one tablet in glass of ice water, and sweeten—gives a delicious drink."

DR. W. H. MCGRANAGHAN, of Youngstown, Ohio, well-known throughout the State as an eminent physician, on July 18th was made the co-respondent in a sensational divorce suit, involving some of the most prominent people in that section of the country.

AFTER nine ballots had been taken, Drs. David DeBeck and George Goode were elected on the Cincinnati city hospital ophthalmologist staff by the board of trustees, July 5th. Dr. C. R. Holmes was granted a leave of absence for the summer.

FROM January 1 to June 28, 2,756 suicides have been reported. If the same ratio is kept up during the remaining half of the year there will have been 5,512 suicides during 1895. This would be 600 more than occurred in 1894, when the number was 4,912.

DR. AND MRS. FORCHEIMER and Miss Elizabeth Groesbeck, of Cincinnati, are enjoying a fascinating bicycle tour of England. They will "wheel" about until September, when Dr. Forcheimer will take up a special line of investigation in the great German hospitals.

NEURALGIA, sick headache, dyspepsia, biliousness, catarrh of the bowels, jaundice, and stone in the bladder, are caused by microbes.—*Bacteriological Review.*

The moon was probably full and a black cat on the fence when the discovery was made.—*Homœopathic Record.*

DR. JOHN D. WHITE, one of the prominent physicians of Memphis, Tenn., on July 15th shot and killed Jacob Rothschild, head salesman for the D. H. Baldwin music store, of that city. Both were men of family. The occasion of the disgraceful shooting was Dr. White's insane jealousy of a well-connected and widely-known young woman.

A PHYSICIAN was called by a foreign family, and prescribed "one pill to be taken three times a day in a convenient vehicle." The family, after grave consideration, came to the conclusion that the doctor meant that the patient should ride out, and should take the pill while in the vehicle. In the course of a few weeks the fresh air, taken so regularly, completely cured the patient.—*Med. Fortnightly.*

WE publish the following letter in the hope that so excellent an one may have many imitators.

Kansas City, Mo., July 23, 1895.
CINCINNATI MEDICAL JOURNAL.
Dear Sir:—Inclosed find P. O. order $2.00 for two year's subscription for JOURNAL, one year past due, which ought not to be so for so good a journal. I have been a subscriber almost from its beginning, and have marked its growth and improvement, especially of the recent year or two. With best wishes, yours fraternally,

JAS. CLEMENTS.

Dr. Clements has been in the successful practice of medicine since '91.

D. M. Miller, M. D., of Indian Springs, Tenn., in a letter just received, enclosing his subscription to the Journal for the coming year, says. "I like your Journal very much." Many thanks, doctor, we like you. May long life and prosperity be yours.

Dr. John Tressel, of Alliance, Ohio, was recently called to attend a tramp wha had been run over by a train in the railroad yards. He recognized in the unfortunate stranger a college classmate a friend of thirty years ago. It is needless to add that no one ever received better care than the injured man. At last reports there was no hope of his recovery.

Dr. J. A. White, of Pineville, La., (there are seven Dr. J. A. Whites practicing medicine in the United States) will hereafter be a reader, and, we hope, an occasional contributor to the Journal. This is what he says.

Pineville, La., July 22d, 1895.

Cincinnati Medical Journal:—I have seen a copy of your Journal and like it. Please enter my name as a subscriber for one year beginning with the August number. Yours fraternally, J. A. White.

Boyhood owes a debt of gratitude to the *British Medical Journal*, which, in one of its recent issues, explodes the fallacy with regard to early rising. Courageously turning its back on all the wisdom of the past, and in flagrant contradiction with all those writers of moral essays concerning greatness achieved by early rising, this leading medical authority takes the part of the sleepy youth against his wakeful parents. We learn now that it is proper for elderly people to rise at 5 or 6 A. M., because their vascular system has become stiff; but that it is equally natural and proper for the healthy boy to keep his bed till eight. Henceforth boys must deny themselves such violent delights as rising with the lark, and their elders must cease encouraging them in so vicious a practice. The early worm may be all very well for the early-rising parent if his gastronomical tastes lie in that direction, but there are more palatable articles of food at the disposal of the boy who gets up later in the day which derive additional savor from the conviction that by lying abed he has done justice to his vascular system. It is a great thing to have a vascular system—especially for boys.—*Ex.*

On the night of July 26th, Burglars entered the house of Dr. George R. Hazlewood, at English, Ind., and robbed him of $1,800. The doctor has been preparing to remove to Albuquerque, N. M., and had been turning all his property into cash. He had over $3,000 in the house, but it was scattered, and when the hurglars found the $1,800 they thought they had it all. He was awakened by the men as they were leaving, and fired at them. He missed his mark.

When the Nez Perces Indians received their money from the Government for the reservation lands recently opened to settlement, they went, as is the custom of the red men under such circumstances, at once to the nearest town to spend it. A large number went to Farmington, Wash., and were taken with a craze for buying buggies and wagons. One old Indian, having a large allowance, could not find a vehicle that seemed to comport with his wealth, but finally wandered to the undertaker's stable and immediately fell in love with the hearse and wanted to buy it. The undertaker was astounded, but being a man of business, sold it for a good

round sum. The Indian loaded his squaw and pappooses into it, and, climbing on the box among the nodding plumes, drove proudly back to the reservation, the occupants lining up against the plate glass sides in great state. The Indian agent protested, but the old man refused to give up his state carriage, and he regularly drives it to the neighboring towns with his family or his dogs inside.

YESTERDAY a young man asked me if it would be safe for him to marry on five hundred dollars and a salary of fifty dollars per month. I told him I could tell better when I saw the girl. There are girls who have grown up in ease and who have kicked great black and blue welts in the lap of luxury, yet who are more willing to accept a little rough weather than the poor girl who has stood for eighteen years looking out through the soiled window of life waiting for the rain to rinse it off and let the sunlight through that she might see her approaching lord.—Bill Nye in August *Ladies' Home Journal.*

THE report of the Scottish Departmental Committee appointed to inquire as to the further legislation necessary to deal with habitual inebriates, treats the inebriate as a criminal or a baby or both, denies his right to administer his property, says he ought not to be allowed to discipline his family, and recommends legislation for him based upon the assumption that he is a lunatic who ought to be placed under restraint whether he likes it or not.

FRED. B. STAPP, M. D., Chattanooga, Tenn., secretary Chattanooga Medical Society, sends us the following pleasant letter: "Enclosed find check for one dollar, subscription to the JOURNAL to April, 1896. I overlooked my subscription and am glad you continued sending it. I enjoy its contents very much, especially the Monthly Story, wishing you much success. I am very truly yours, FRED B. STAPP." We should be glad to have others of our readers express their opinion on the story question. We know of some who do not approve of it.

IN Pekin, China, are to be found in the streets the medicine cheapjack and the quack doctor. These people are always surrounded by a crowd, and it is very comical to notice how a quack doctor puts some ointment on his finger and then daubs it under the noses of his audience who are squatting around him, and who, without moving a muscle, allows the wonderful medicine to have its effect upon them. The effect of rat poison is represented in a very realistic way by its venders; they spread out on a piece of blue cloth on the floor their bottles, etc., and in front of these they place a number of dead rats.

DR. JAMES MCCORTNEY, whose picture appears in the group of Iowa practitioners elsewhere in the JOURNAL, has been practicing medicine for more than thirty-nine years in Davenport. He says: "I am in the second generation in Davenport. I attended a case of child birth June 27th, 1895. It was a second confinement. I was present when the mother was born, and also the father. I also attended another case the next day, June 28th. I was present when the mother was born. Again I attended a case June 20th, a fourth child was born. I was present when this mother was born. On June 30th I attended a fourth case, a third confinement, I was present when each one was born and also the father. Such an experience does not often occur. I

will also add the following. There is a family in this city, Davenport, that have six children, ranging from eight months to eleven years. I was present when each was born. I also was present when the father and mother were born. The father is the first born of his mother, who gave birth to thirteen children, whom I attended with each one."

As an example of the kind of letters we enjoy getting we give the following:

Cottegeville, Ky., July 17, 1895.

Cincinnati Medical Journal, Cincinnati, O. *Gentlemen:*—Enclosed find one dollar with which I wish to renew my subscription to your most valuable Journal. It has been highly interesting to me, and I do not wish to be without it. I wish you an abundant success. Yours respectfully and fraternally

T. J. Wender, M. D.

Rousseau says that "All sensual passions are found in effeminated bodies; while the more they are roused the less they are satisfied. A weak body weakens the mind."

Plato, the greatest of ancient philosophers next to Socrates, says: "Excess of bodily exercise may render us wild and unmanageable; but excess of art, science and music, makes us *fuddled and effeminate.* Only the right combination of both makes us wise and manly."

Some attention has been attracted by a recent paper before the *Academie des Sciences* of Paris, in which Dr. Paul Gibier, of the Pasteur Institute, of New York City, gave some results of his treatment of cancer by the sero-therapic method. Dr. Gibier said:

"I began my experiments in the sero-therapic method of treating cancers several years ago. The treatment has since been administered by eminent French physicians, and while in Paris recently I saw several persons who had been cured by this method after surgical operations had proved unsuccessful. Cancer is caused by a parasite, and so should yield to the same method of treatment that has proved successful in dealing with other diseases of the same class. I do not say that all kinds can be cured by our method. Thus far we have only demonstrated that certain kinds of cancers may be relieved by the sero-therapic method."

On the night of July 6th, burglars entered the magnificent home of Dr. Alex. F. Carroll, in Brooklyn, and attempted to force an entrance to his famous jewel vault, containing $400,000 worth of jewels. It will be remembered that Dr. Carroll married a daughter of the famous Hugh McLaughlin, the political "Boss" of Kings county, and as a bride she was the recipient of a large fortune in jewels. The burglars escaped taking no plunder.

Last month, in connection with the well-nigh interminable trial, and execution of Dr. Buchanan, we remarked that, while few doctors become notorious criminals, when they once turn their attention in that direction they do so with a vengence. This statement has just found new confirmation in the case of the outrageous murderer, H. H. Holmes, whose awful deeds have lately come to light through the efforts of the Chicago police. Holmes is a graduate of the Medical Department of the University of Mich.

Dr. Edward R. Palmer, one of the most prominent physicians of Louisville, Ky., and well known throughout the Southern States, was killed on the Southern boulevard Friday evening, July 5th, while

riding his bicycle, in a collision with another wheelman. Both parties were thrown to the ground. Dr. Palmer could not be revived, and was removed to the Norton infirmary, where he died at an early hour Saturday morning without having regained consciousness. Dr. Palmer was president of genito-urinary section of the American Medical Association, and has been a valued contributor to medical publications for the past ten years. He was born in Woodstock, Vt., and came to Louisville many years ago.

THE following question is taken from an appreciated letter recently received from Dr. C. G. Stroble, of Dolgeville, New York. "I would like to know what Dr. Monroe in his article on 'Dysentery,' page 486 July JOURNAL, means by 'zinc of opium?' To which Dr. Monroe replies. "I noticed in the article, the text read 'zinc of opium.' I either made a mistake in writing, or the type-setter made a mistake in reading. I meant tinct. of opium, of course." (It is safe to conclude that the fault was that of the typo. Men as experienced and careful as Dr. Monroe do not make mistakes of this kind.—EDITOR.)

A SENSATIONAL newspaper dispatch a few days ago recounted the case of a woman in Hartford City, Indiana, who, it was stated, had given birth to three children, not triplets, in eight months. The case, as reported, was so unusual that we wrote Dr. W. N. Cronin of Hartford City, for an authentic account, and to him we are indebted for the following.

Hartford City, Ind., July 20, '95.

EDITOR CIN. MED. JOURNAL. *Dear Sir:*—The following is a brief history of the case you wrote me about a few days ago. The mother is an American, born June 6, 1877, at Circleville, Ohio, her maiden name Nancy Boyles. She was married Sept. 7, 1893. Gave birth to her first child Nov. 9, 1894. It lived three days, supposed to be an eight month child. She became pregnant again and gave birth to twins July 14, 1895, both girls, one was still born and the other lived three hours; supposed to have been pregnant six months.

The above statement was made by the mother, yesterday. She was attended by an irregular physician.

Yours respectfully,

W. N. CRONIN.

PROFESSOR Thomas Henry Huxley, LL. D., Ph. D., D. C. L., M. D., F. R. S., who died at Eastboune, England, June 29th, was born at Ealing, Middlesex, in 1825, was educated at Ealing school and studied medicine at the Medical School of the Charing-Cross Hospital. He was appointed assistant surgeon to H. M. S. Rattlesnake, in 1846, remained with that vessel during the surveying cruise in the South Pacific and Torres Straits, returned to England in 1850, and succeeded Mr. Edward Forbes at the School of Mines in 1854. He was elected lord rector of Aberdeen University for three years, Dec. 14, 1872. He was well known as a writer on natural science, being the author of numerous papers published in the Transactions and Journals of the Royal, the Linnæan, the Geological, and the Zoological Societies, and the memoirs of the geological survey of Great Britain.

THE July *Consular Reports* reaches us just before going to press. The first hundred pages are devoted to a description of "Tenement Houses in Foreign Cities," namely: Berlin, Brussels, Glasgow, Liverpool, London, and Paris. We are surprised to learn that the important subject of tenement sanitation has been more ne-

glected in Berlin than any of the other places named. The growing importance of this question is recognized, and the subject as intelligently discussed by the United States Consuls will be of interest and value to many of our readers. It can be obtained free by writing the Bureau of Statistics, Washington, D. C. Another subject of present interest to the profession in the same issue is the report of Q. O. Eckford, Consul at Kingston, Jamaca, on "The Kola Nut in Jamaca."

"Stories of a Country Doctor," by Willis P. King, M. D., Ex-Vice-President of the American Medical Association, has proved to be immensely popular with the profession. The author possesses all the qualities necessary to write a book of this sort, and the popularity of the work proves how well he has succeeded. The book contains 400 pages filled with stories that will bear repeating. It is "full of side-splitting fun from beginning to end." The publishers of the Cincinnati Medical Journal, offer a fine paper-bound edition of "Stories of a Country Doctor," post-paid, at fifty cents per copy. Address orders to this office.

If any reader is in doubt as to his ability to write an agreeable letter, we commend the following to his attention and would suggest that he experiment on us first, for they are just what we like.

Topeka, Kans., July 18, 1895.

Cincinnati Medical Journal.

Gentlemen:—I have been a subscriber of your valuable Journal for the past year, and am so well pleased with it, that I forward herewith two years' subscription, "to encourage the game." it is always rich in common sense practical matter, and is just such a journal as the busy practitioner wants. I respect it in another sense—because it is from the grand old state of Ohio, where I first saw the light. May your future success eclipse your past is the wish of your obedient servant.

G. J. Mulvane.

A recent dispateh from New York states that Dr. Paul Gibier is treating Mr. Wm. Hart, night editor of the *San Francisco Examiner*, for cancer in the mouth and jaws with serum.

Mr. Hart's trouble began about a year ago. As a last resort it was proposed by the surgeon to remove the cancer by the knife. This meant the removal of most of the lower jaw-bones, a portion of the cheek-bone. Mr. Hearst, the proprietor and editor of the *Examiner*, urged him to try a new treatment. It was by inoculation with a cancer serum procured from a horse. Dr. Gibier will not talk of the case. He virtually admits that the serum treatment is largely in the nature of an experiment, and he does not wish to raise false hopes in the hearts of cancer sufferers. Mr. Hart's case will be watched with the greatest of interest by medical men all over the world.

Dr J. R. Pirth, of Hartford, Ky., writes us. "I like the Joulnal very much. Enclosed find one dollar which place to my credit, and continue sending it."

Dr. Garland H. Smith, of Pelham, Ala., says, "I am highly pleased with your Journal, and would feel lost if it were to stop visiting me."

Chas. A. Bourland, M. D., of Earles, Ky., sets forth the same idea as follows: "I am delighted with the Journal and regard it a boon companion.

Dr. W. E. Noble, of Parkersburg, Iowa, makes us happy by saying, "I read your Journal through every month, and will say I like it very much."